

Case Number:	CM15-0048422		
Date Assigned:	03/20/2015	Date of Injury:	05/24/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old male, who sustained an industrial injury on May 24, 2012. The injured worker was diagnosed as having shoulder impingement, cervical radiculopathy and wrist tendonitis/bursitis. Treatment and diagnostic studies to date have included shoulder arthroscopy, physiotherapy, home exercise and medication. A progress note dated January 14, 2015 the injured worker complains of continued neck pain radiating into upper extremities with numbness and weakness and left shoulder pain. The injured worker reports some increased range of motion (ROM) that is attributed to physical therapy. Physical exam notes tenderness of cervical spine and decreased left shoulder strength. The plan includes continued physical therapy for the neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3 times 4 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. Treatments have included shoulder arthroscopy and physical therapy. In this case, concurrent treatment for the cervical spine and shoulder would be expected. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is therefore not medically necessary.

Physical therapy 3 times 4 for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. Treatments have included shoulder arthroscopy and physical therapy. In this case, concurrent treatment for the cervical spine and shoulder would be expected. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is therefore not medically necessary.