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| Case Number: | CM15-0051943 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 10/09/2012 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male, who sustained an industrial injury on 10/9/12. He reported initial complaints of low back pain. The injured worker was diagnosed as having degenerative intervertebral disc; low back pain; cervical herniated disc with radiculopathy; right shoulder rotator cuff tear. Treatment to date has included MR Arthrogram right shoulder 1/23/14; physical therapy; medications. Currently, the PR-2 notes dated 2/24/15, the injured worker complains of continued neck and right shoulder pain. The provider documents per consult, another provider suggested repairing the shoulder and addressing the cervical spine with physical therapy and if no improvement, an epidural steroid injection, and as a last resort - surgery. The provider is requesting physical therapy for the cervical spine, twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker is being treated for chronic neck and right shoulder pain. He is status post right shoulder rotator cuff repair with subsequent frozen shoulder. He is also been diagnosed with cervical radiculopathy secondary to herniated nucleus pulposus. Spine specialist consultation was performed and recommendations for cervical epidural steroid injection provided. Rotator cuff repair revision is being contemplated. However, management of cervical neck pain is being pursued prior to surgery, which will include additional physical therapy for the cervical spine and subsequent epidural steroid injection no improvement. Request has been made for 12 visits physical therapy. For the diagnosis of radiculitis, the MTUS guidelines recommends 8-10 visits of physical therapy over 4 weeks. The request for 12 visits exceeds the MTUS sided guidelines and is therefore not medically necessary.