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| Case Number: | CM15-0053283 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 02/25/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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 62-year-old female who sustained an industrial injury on February 25, 2014. She has reported injury to the right shoulder. Diagnoses unknown. Treatment has included medication, medical imaging, and physical therapy. Recent progress note dated April 24, 2014 noted there was pain and discomfort to the right shoulder. The treatment request included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 Times A Week for 4 Weeks Right Shoulder C-Spine:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The 62-year-old patient presents with persistent neck pain that radiates into the right shoulder, rated 6-7/10. The request is for additional physical therapy 2 times a week for

4 weeks right shoulder c-spine. There is no RFA provided and the date of injury is 02/25/14. A diagnosis is not provided in treater reports. Per 03/10/14 report, physical examination of the right shoulder revealed an improved but still restricted range of motion. Impingement signs and subacromial tenderness. There is no physical examination of the cervical spine. MRI of the right shoulder performed on 04/22/14, revealed supraspinatus perforation at the ventral leading edge. Age of changes is acute to subacute. There is prominent subacromial bursitis. Treatment has included medication, medical imaging, aquatic therapy and physical therapy. Medications are Ultracet and Naproxen. The patient is temporarily totally disabled. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative period is 6 months. The provided progress reports are hand written and illegible. Treater did not provide a reason for this request. The utilization review letter dated 03/16/15 states, "The patient had 6 PT to shoulder and elbow, 12 aquatic therapy to the right shoulder, and 8 PT to the cervical spine." In this case, treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. MTUS recommends 8-10 sessions for radiculitis in non-operative cases. Therefore, the request for an additional 8 sessions would exceed what is allowed by MTUS. The request is not medically necessary.