

Case Number:	CM15-0087722		
Date Assigned:	05/11/2015	Date of Injury:	08/16/2013
Decision Date:	06/16/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This 60 year old male sustained an industrial injury on 8/16/13. He subsequently reported back and shoulder pain. Diagnoses include right shoulder impingement, cervical degenerative disc disease. Treatments to date include nerve conduction, x-ray and MRI testing, right shoulder arthroscopy and cervical fusion surgeries, physical therapy and prescription pain medications. The injured worker continues to experience neck pain with radiation to bilateral upper extremities. Upon examination, right shoulder range of motion was reduced, Neer's and Hawkin's signs are positive on the right and there is weakness in the deltoid and shoulder rotators. A request for continued physical therapy 2 x 4, cervical & right shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 x 4, cervical & right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker is over one year status-post cervical surgery and the post-surgical period has expired. The injured worker completed the course of post-surgical physical therapy with significant increases in daily activities. The injured worker was approved for 6 more sessions in January of 2015. There has been sufficient opportunity for the injured worker to be proficient at a home-based exercise program. The medical necessity of additional therapy has not been established within the recommendations of the MTUS Guidelines. The request for continued physical therapy 2 x 4, cervical & right shoulder is not medically necessary.