

Case Number:	CM15-0232705		
Date Assigned:	12/09/2015	Date of Injury:	03/04/2008
Decision Date:	01/12/2016	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 55 year old, male who sustained a work related injury on 3-4-08. A review of the medical records shows he is being treated for cervical and bilateral shoulders pain. In the progress notes dated 9-28-15, the injured worker reports a left shoulder injection helped pain. Upon physical exam dated 9-28-15, he has continued cervical spine stiffness and spasm. He has significant trapezial tenderness. He has radiating pain down to right elbow. He has tenderness over the anterolateral impingement area of both shoulders. He has positive impingement and some rotator cuff weakness in right shoulder. Treatments have included chiropractic treatments and left shoulder injection. Current medications include-none listed. No notation of working status. The treatment plan includes request for physical therapy to neck and shoulders. The Request for Authorization dated 9-28-15 has request for physical therapy 2 x 6 to cervical spine and bilateral shoulders. In the Utilization Review dated 10-26-15, the requested treatment of physical therapy to cervical and bilateral shoulders x 12 visits was modified to physical therapy to cervical and bilateral shoulders x 9 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical/Bilateral Shoulders - 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy; Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the cervical spine and bilateral shoulders, 12 visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder impingement with possible rotator cuff tear; left shoulder impingement; and cervical spine sprain and strain with radicular pain to the right upper extremity. Date of injury is March 4, 2008. Request for authorization is September 28, 2015. The medical record contains 31 pages and a single progress note. There are no physical therapy progress notes and medical records. According to progress note dated September 28, 2015, the injured worker was last seen June 2014. The injured worker received a left sided subacromial injection with good relief. The total number of physical therapy sessions is not specified. Objectively, there is cervical spine spasm and stiffness. There is tenderness at the anterior lateral impingement area of the bilateral shoulders. There is positive impingement. The guidelines recommend 9 visits of physical therapy. The treating provider requested 12 physical therapy sessions. As noted above, the total number of physical therapy sessions is not specified. The guidelines recommend a six visit clinical trial in the absence of prior physical therapy. With objective functional improvement, additional physical therapy may be clinically indicated. The treating provider as noted above) is requesting 12 visits of physical therapy to the cervical spine and bilateral shoulders. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy (31 page medical record) with guideline recommendations for a six visit clinical trial and no documentation of objective functional improvement from prior physical therapy, physical therapy to the cervical spine and bilateral shoulders, 12 visits is not medically necessary.