

Case Number:	CM14-0112885		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2012
Decision Date:	09/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient is a 55-year-old female who has submitted a claim for cervical degenerative disc disease, right shoulder impingement, and right first-degree sternoclavicular joint anterior subluxation associated with an industrial injury date of 9/30/2012. Medical records from 2014 were reviewed. The patient reported that physical therapy was helpful. However, she was still complaining of right-sided neck pain and right shoulder pain. Physical examination showed tenderness over the right paracervical and parascapular region, muscle guarding, decreased motor strength of right shoulder muscles, and tenderness at the right sternoclavicular joint with anterior prominence. Range of motion on of the right shoulder and cervical spine was restricted. MRI of the cervical spine, dated 5/29/2014, demonstrated multi-level disc protrusion with moderate to severe left neural foramina stenosis and mild to moderate right neural foramina stenosis at C5 to C6 level. Treatment to date has included right shoulder arthroscopy for rotator cuff tear on February 2013, 5 sessions of physical therapy to the cervical spine, 32 post-operative physical therapy visits to the right shoulder, and medications. Utilization review from 7/1/2014 denied the request for cervical/right shoulder additional physical therapy 2X5 QTY 10.00: because the patient had completed 6 visits as of 6/12/2014, and was no longer within the 8 week treatment window period as set by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL/RIGHT SHOULDER ADDITIONAL PHYSICAL THERAPY 2X5 QTY 10.00: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of right-sided neck pain and right shoulder pain. Physical examination showed tenderness over the right paracervical and parascapular region, muscle guarding, decreased motor strength of right shoulder muscles, and tenderness at the right sternoclavicular joint with anterior prominence. Range of motion of the right shoulder and cervical spine was restricted. Patient completed 5 sessions of physical therapy to the cervical spine and 32 post-operative physical therapy visits to the right shoulder status post rotator cuff repair. The patient reported that physical therapy was helpful. However, there was no objective evidence of overall pain improvement and functional gains derived from the treatment. It is likewise unclear why patient cannot transition into a self-directed home exercise program to address residual deficits given the extensive physical therapy sessions attended. Therefore, the request for cervical/right shoulder additional physical therapy 2 times 5 QTY: 10.00 is not medically necessary.