

Case Number:	CM14-0119091		
Date Assigned:	09/16/2014	Date of Injury:	12/14/2010
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine 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:

This injured worker is a 41-year-old male material cutter who was injured on December 14, 2010. The mechanism of injury was not stated in the documentation provided. A primary treating physician's progress report, dated April 30, 2014, indicated that the injured worker reported persistent neck pain, right shoulder pain, and slight left shoulder pain, which was improving. His diagnosis at the time was sprain of the rotator cuff (840.4). On examination, his cervical spine was noted to have limited range of motion. There was tenderness over the trapezius and paravertebral muscles bilaterally (right great than left). The shoulder depression test was positive, Spurling's test was positive on the right. Upper extremity muscle strength was reported to be four out of five on the right and five out of five on the left in the C5, C6, C7 and C8 nerve root distributions. Sensation was decreased in the C7 and C8 nerve root distributions on the right. Shoulder examination revealed limited range of motion on the right with pain at 135 degrees and full range of motion on the left. Tenderness was noted over the acromioclavicular joint. Muscle strength of the right shoulder was 4 out of 5 in abduction. A nerve conduction study dated April 22, 2014 showed mild compression of the right ulnar nerve at or near the medial epicondyle. The injured worker was not taking oral medications. The injured worker was not working at the time of the office visit. He was instructed to return to modified work as of April 30, 2014 with no overhead activities with the injured extremity and lifting, pushing, or pulling limited to ten pounds. The treating physician requested a short course of physical therapy for two times a week for four weeks. A prior utilization review denied the request for physical therapy of the right shoulder on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The injured worker appears to have cervical radiculopathy as well as shoulder impingement. He has already had 30 physical therapy visits but no report of functional improvement in the request. The content of "physical therapy visits" was not specified. The Chronic Pain guidelines recommend active rather than passive modes of therapy. ACOEM recommends global shoulder strengthening for impingement syndrome. Strength in the right shoulder was nearly normal at 4/5. For these reasons the request does not fulfill evidence-based criteria and exceeds the limit of 24 visits in California regulations. Therefore, the request for Twelve (12) Physical Therapy sessions for right shoulder is not medically necessary and appropriate.