

Case Number:	CM14-0129812		
Date Assigned:	08/20/2014	Date of Injury:	09/21/2008
Decision Date:	10/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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:

The injured worker is a 64 year-old male with history of right shoulder pain after slipping and falling onto his right shoulder, upper back, and left wrist on 9/21/08. He complained of right shoulder pain, pain radiating from neck to fingers 1-3 and on exam found to have tenderness of the right biceps and subacromion, slightly decreased range of motion, and decreased sensation at dermatome C7. He was diagnosed with shoulder impingement syndrome, biceps tendinitis, and cervical radiculopathy. On 11/24/08, he had an MRI of right shoulder showing full-thickness supraspinatus tear with minimal retraction and a SLAP lesion, osteoarthritis of the shoulder joint. In 1/2009, the patient had right shoulder surgery: debridement of the glenohumeral head, subacromial decompression with acromioplasty, rotator cuff repair and Mumford procedure. The patient continued with pain and was diagnosed with adhesive capsulitis. On 9/11/10, he had electrodiagnostic testing that did not show any evidence of right cervical radiculopathy. His medications included Norco, Lidoderm patch, Gabapentin, and Naprosyn. He had a right shoulder cortisone injection with mild relief of pain. He had improvement of range of motion with physical therapy and a home exercise program was reviewed. Because the patient continued with pain and paresthesias, additional physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x 3wks Right Shoulder and Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 11th Edition (Web), 2013, Neck & Upper Back Chapter, Shoulder Chapter, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Shoulder Physical Therapy

Decision rationale: The request for physical therapy for cervical and right shoulder 3 times a week for 3 weeks is medically unnecessary. As per ODG, the treatment for displaced cervical disc includes 10 physical therapy visits over 8 weeks. The treatment for impingement syndrome is 10 visits over 8 weeks. There was no documentation provided for a cervical spine exam and he had a negative EMG/NCS showing no cervical radiculopathy so deficits from cervical etiology are unclear. The request for therapy for the cervical spine is not supported by documentation and is considered medically unnecessary. The patient had received aggressive pre- and post-operative physical therapy for his right shoulder. As per the records, his right shoulder's range of motion improved with aggressive physical therapy but he continued with pain and with paresthesias of his right thumb. It is unclear by records how many sessions of physical therapy were used post-operatively and there was no clear evidence of functional improvement that would require additional physical therapy sessions. For these reasons, the request for additional physical therapy is considered medically unnecessary.