

Case Number:	CM14-0142413		
Date Assigned:	09/10/2014	Date of Injury:	09/13/2012
Decision Date:	10/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41-year-old female with a work injury dated 9/13/12. The diagnoses include displacement of the cervical disk without myelopathy, internal derangement in the shoulder region, and carpal tunnel syndrome. Under consideration is a request for physical therapy two times a week times three weeks for the right shoulder. There is a primary treating physician report dated 7/21/14 that states that the patient continues to suffer from constant cervical spine pain that is progressively worsening. She states her right shoulder is extremely painful that she cannot tolerate wearing a bra strap or even having her hair touch her right shoulder. The patient has not undergone any supervised physical therapy for the right shoulder in over a year, therefore authorization is requested for an initial six sessions. The previous history states that the patient was last seen and request for an EMG and NCV of the cervical spine on both upper extremities was requested and authorized as well as physical therapy for the cervical spine, right shoulder, and right wrist was authorized and scheduled. MRI of the cervical spine dated 08/26/2013 demonstrates a remote compression fracture of the superior endplate of the C5 vertebra with approximately 10% loss of height. At C4-5, there is a 3 mm broad mid line disc protrusion resulting in mild central canal narrowing. There is a posterior annular tear noted at this level. MRI of the right shoulder dated 08/26/2013 demonstrates mild capsulitis at the glenohumeral joint, tendinosis of the supraspinatus tendon with no rotator cuff tear noted. There is no fracture or dislocation. There is tenosynovitis of the biceps tendon. She complains of constant bilateral shoulder pain that is worse with repetitive activities. She states that she is unable to sleep on either side due to shoulder pain that is burning. On exam there is tenderness to palpation of the bilateral upper extremities, 5/5 motor strength, slightly limited range of motion of the right shoulder, positive Apley's scratch testing bilaterally, and diminished grip strength on

the right. The treatment plan includes physical therapy two times a week times three weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times three weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. In this case, the documentation submitted for review states that the patient has had prior therapy for her shoulders. It is not clear from the documentation how much therapy she has had and the outcome of this therapy. The request for physical therapy two times a week times for three weeks for the right shoulder is not medically necessary.