

Case Number:	CM14-0162511		
Date Assigned:	10/07/2014	Date of Injury:	07/14/2014
Decision Date:	11/07/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 07/14/2014 due to getting hit by a heavy box falling from the overhead bin. She was hit on the head and right shoulder. The injured worker's diagnoses are cervical strain with underlying severe cervical disc degenerative disease and degenerative disc disease, cervical radiculopathy, right shoulder strain, right shoulder contusion with underlying degenerative joint disease, bilateral carpal tunnel syndrome. Past medical treatment included physical therapy, medications, and bracing. Diagnostic testing included EMG, no date provided and an MRI of cervical spine on 08/08/2014. Surgical history was not provided. The injured worker complained of pain, numbness and tingling to the right shoulder on 09/18/2014. The physical examination of cervical spine revealed diffusely tender over the paraspinal motions region and guarded in all directions. A Spurling test was hard to assess due to the painful guarded movements; with upper extremity, active and passive range of motion was full ranged. The right side shoulder was guarded in all directions. The bicipital groove was diffusely tender, and AC joint was diffusely tender, also. Hawkins sign and impingement sign were also positive. Tinel and Phalen signs were also positive. Medications were not provided. The treatment plan is for physical therapy right shoulder/upper arm. The rationale for the request is not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulder/ Upper Arm (6 additional sessions): 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 Medicine Page(s): 98-99.

Decision rationale: The injured worker complained of pain, numbness and tingling to the right shoulder on 09/18/2014. The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. There is a lack of documentation indicating the total number of sessions of physical therapy the injured worker has completed. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. Therefore, the request for Physical Therapy Right Shoulder/ Upper Arm (6 additional sessions) is not medically necessary.