

Case Number:	CM14-0163834		
Date Assigned:	10/08/2014	Date of Injury:	10/30/2013
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain Management 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:

The injured worker is a 39 year old male with a date of injury on 10/30/13. As per the report of 08/27/14, he complained of pain in his neck that radiates into his right arm. He also has right shoulder blade pain and left shoulder pain. He rated his pain at 8/10. On exam, there was tenderness to palpation over the right side cervical facets and paraspinous muscles. The cervical tenderness to palpation was greater on the right from approximately C3-4 to C6-7 levels. There was positive bilateral cervical facet joint loading with the right side greater than the left and diminished range of motion in the cervical spine secondary to pain. The Spurling's test was positive on the right. Sensation was intact in the bilateral upper extremities. The range of motion of his right shoulder was decreased in all planes. The cervical spine magnetic resonance imaging dated 12/15/2013 revealed C5-C6 2 mm central focal disc protrusion that abuts the thecal sac, at C6-C7 2.6 mm central focal disc protrusion that abuts the thecal sac. The electromyogram of the bilateral upper extremities dated 6/6/14 was a normal study. He underwent right shoulder surgery on 4/8/14 and right arm surgery in 1998. Current medications include Norflex, Norco, Tramadol, and Naproxen sodium. Post surgically, he received physical therapy for 24 visits over 14 weeks from 5/8/14 through 9/10/14 which helped him temporarily. Icing and medications helped him in relief of pain. The urine analysis on 8/27/14 was positive for Hydrocodone, Hydromorphone, and Norhydrocodone which was consistent with having taken Hydrocodone/Acetaminophen. His diagnoses include bilateral cervical radiculopathy, right greater than left, cervical herniated nucleus pulposus at C5-C6 and C6-C7, and status-post right shoulder surgery. The request for physical therapy for the right shoulder for 8 visits was denied on 09/16/14 due to lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder- 8 visits: Upheld

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

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) Shoulder (Acute and Chronic), Physical therapy (PT)

Decision rationale: As per the Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines for shoulder impingement syndrome allow 10 physical therapy visits over 8 weeks and allow 24 physical therapy visits over 14 weeks for post shoulder arthroscopy. The Chronic Pain Medical Treatment Guidelines for physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker has already received 24 physical therapy visits. At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.