

Case Number:	CM14-0086201		
Date Assigned:	07/23/2014	Date of Injury:	02/22/2012
Decision Date:	12/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old female with a reported industrial injury on February 22, 2012, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on April 17, 2014 by her primary treating physician with continued complaints of discomfort and stiffness in the right shoulder with additional discomfort and stiffness affecting her neck. The medication helps control the symptoms and allows her to continue working full time. The physical exam revealed a moderate attenuation in the active right shoulder range of motion is present however a full passive motion is preserved. Tenderness of the modest nature is noted with palpation about the right shoulder maximal over the supraspinatus in the subdeltoid bursa. Hawkins and Neer signs are both positive. There is very minimal tenderness in the paracervical region on both sides with a negative Roos, Adson, Supraclavicular compression and Spurling signs. The diagnosis on April 17, 2014 is right shoulder impingement syndrome, status post right shoulder subacromial decompression on 11/7/2011, persistent right shoulder impingement syndrome and cervical radiculitis/radiculopathy with C5-6 and C6-7 central and foraminal mild to modest stenosis. The injured worker was seen by orthopedic surgeon on April 14, 2014 and notes complaints to be weakness and pain with repetitive activities, soreness and pain with overhead reaching involving the right shoulder. The treatment plan was to obtain records of Magnetic resonance imaging (MRI), date not provided. The primary care physician treatment plan on April 14, 2014 dispensed medications (Voltaren, Protonix, Norco) and requested physical therapy x8 sessions for the right shoulder and follow up. Previous medical treatment and diagnostic studies were not available for review. The primary treating physician request physical therapy x8 sessions on April 14, 2014. The Utilization Review denied the request for physical therapy x8 sessions because additional sessions would exceed the guideline recommendation for the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulder x8: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis. In this case, the patient was previously authorized to undergo 8 sessions of physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. It is unclear why patient is still not versed to home exercise program to address the residual deficits. The medical necessity has not been established. Therefore, the request for physical therapy right shoulder x8 is not medically necessary.