

Case Number:	CM14-0089875		
Date Assigned:	09/10/2014	Date of Injury:	01/11/2006
Decision Date:	10/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 Interventional Spine 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:

This patient is a 55 year old female with an injury date of 1/11/06. Based on the 5/15/14 progress report, this patient "continues to suffer from severe lower back pain and neck pain with radicular symptoms to the upper and lower extremity." She complains of "bilateral shoulder pain with difficulty performing above shoulder tasks "with "pain at night when sleeping on her sides" and "weakness in her wrists left worse than right." Exam of the right and left shoulders are "tender over the acromioclavicular (AC) joint, suprascapular muscles, and over the supraspinatus tendon" upon palpation, with bilateral rotator muscle strength of 4/5. Range of motion for the same for the right and left shoulders: Flexion - 130 degrees, ABD - 130 degrees, Ext Rot. - 40 degrees, and Int. Ro - 40 degrees. Work status: The patient is temporarily totally disabled. Diagnoses for this patient are as follows:1. Musculoligamentous strain/sprain of the cervical spine; Cervical spondylosis; discogenic disease at C5-6 level2. Bilateral shoulder impingement syndrome with bursitis and tendonitis3. Bilateral partial tear of rotator cuff, worse on the left than the right4. Musculoligamentous strain/sprain of the lumbar spine; Lumbar spondylosis with herniated disc disease, 5 mm. disc at L5-S1.The utilization review being challenged is dated 5/30/14. The request is for physical therapy times 12 visits bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 visits bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy guidelines, shoulder chapter

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

Decision rationale: This patient presents with bilateral shoulder pain with difficulty performing above shoulder tasks. The treater requests physical therapy times 12 visits bilateral shoulders. MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias for non-post-operative patients. According to the 3/31/14 report, this patient has received "about 15 sessions of physical therapy" and was recommended "home muscle stretching exercises and aquatic therapy exercises 2 x 6 weeks." The 4/21/14 report states prior treatments since time of injury to "include physical therapy - helpful," but then treatment plan states: "The patient has failed conservative treatment (including drug therapy, activity modifications, and/or physical therapy as noted above)." Given the lack of physical therapy notes indicating the total number of therapy sessions completed to date, or response to therapy, medical necessity for 12 additional sessions cannot be established. Furthermore, the 12 physical therapy sessions (in addition to the previous 15 sessions received) exceeds MTUS guidelines for this type of condition. The request is not medically necessary.