

Case Number:	CM14-0093093		
Date Assigned:	09/12/2014	Date of Injury:	01/12/2012
Decision Date:	10/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 59-year-old female who reported an injury on 01/12/2012 due to an unknown mechanism. Diagnoses were cervical spine sprain/strain, herniated cervical disc with radiculopathy, positive MRI of disc desiccation, right shoulder sprain/strain, tendonitis, impingement, rotator cuff pathology, positive MRI of acromioclavicular osteoarthritis, cephalgia, history of head trauma with scalp laceration, symptoms of insomnia. Past treatments were TENS unit, cortisone injections to the right shoulder. Physical examination on 07/13/2014 revealed complaints of pain in the neck and right/left shoulder. The injured worker noticed an increase in the left shoulder pain and stated that the pain was severe. Examination revealed there was tenderness to palpation over the greater tuberosity of the humerus. There was positive subacromial clicking and grinding. There was positive impingement test. Examination of the cervical spine revealed there was restricted and painful range of motion. There was a positive Spurling's test. Medications were not reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x Wk x 6wks Right Shoulder & Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Treatment for Workers Compensation (TWC) Chapters: Neck & Upper Back ; Shoulder, Physical Therapy (PT)

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

Decision rationale: The decision for Physical Therapy 2x Wk x 6wks Right Shoulder & Cervical Spine is not medically necessary. The California Medical Treatment Utilization Schedule state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Previous sessions of physical therapy were not reported with functional gains. It was not reported that the injured worker was participating in a home exercise program. Medications for the injured worker were not reported. Therefore, the request is not medically necessary.