

Case Number:	CM14-0145356		
Date Assigned:	09/12/2014	Date of Injury:	10/25/2011
Decision Date:	06/25/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57-year-old female, who sustained an industrial injury on 10/25/11. The injured worker has complaints of cervical spine and left shoulder pain. The documentation noted that the injured worker had stiffness of the left. The diagnoses have included left frozen shoulder and cervical herniated nucleus pulposus (HNP). Treatment to date has included physical therapy; chiropractic treatment and magnetic resonance imaging (MRI) of the cervical spine done 1/24/14. The request was for physical therapy three times six weeks, left capsulitis, cervical spine. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 week- Left Capsulitis, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Neck & Upper Back.

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) Neck section, pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks left capsulitis and cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left adhesive capsulitis; and cervical spine HNP. Utilization review indicates the injured worker had 45 prior physical therapy sessions. The injured worker underwent an undated left subacromial decompression and distal clavicle debridement and excision. According to the physical therapy progress notes, the injured worker has "come a long way." The documentation does not contain compelling clinical facts indicating additional physical therapy is clinically warranted. The injured worker has exceeded the recommended guidelines for physical therapy (24 visits). Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted, physical therapy three times per week times six weeks left capsulitis and cervical spine is not medically necessary.