

Case Number:	CM14-0198956		
Date Assigned:	12/09/2014	Date of Injury:	02/01/2012
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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 is a 53 year old female patient who sustained a work related injury on 2/1/2012. She sustained the injury from cumulative trauma. The current diagnoses include the right shoulder impingement syndrome and cervical stenosis at C5-6 and C6-7. Per the doctor's note dated 10/28/14, she had complaints of neck and radiating right shoulder pain. Physical examination revealed limited range of motion of cervical spine and right shoulder with minimal weakness in the deltoids due to her shoulder. According to the progress report dated 10/6/2014, she had complaints of right shoulder pain. The physical examination of the right shoulder revealed mild limitation in range of motion, no tenderness, swelling or effusion; intact sensation. The current medications list includes Norco, Levothyroxine, and Bystolic. She has had cervical MRI which revealed cervical stenosis at C5-6 and C6-7 and right shoulder MRI. She has had epidural steroid injections for this injury. She has undergone dysplastic nevus, skin graft and tonsillectomy. She has had TENS, acupuncture, and 22 previous physical therapy sessions for the right shoulder, 12 for her elbow and 18 for her cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index (web), Shoulder, Physical Therapy Guidelines

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She has had 22 previous physical therapy sessions for the right shoulder. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy twice a week for four weeks for the right shoulder is not established for this patient at this time.