

Case Number:	CM14-0218225		
Date Assigned:	01/07/2015	Date of Injury:	08/16/2000
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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
 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:

This is a 60 year old male/female sustained an industrial related injury on 08/16/2000 due to repetitive trauma. Per the most recent progress report (PR) prior to the request (11/17/2014), the injured worker's subjective complaints included neck and right shoulder pain. Objective findings included: no atrophy in the upper extremities, right arm abduction of 4/5, right wrist flexion and extension of 5/5, forearm flexion and extension of 5/5, normal exam of the left upper extremity, normal exam findings in both lower extremities, no rashes or skin discoloration of the extremities, mild tenderness to the right shoulder upon palpation, good range of motion in the right shoulder except abduction being reduced to 70% of normal, and slightly decreased strength in the right shoulder with abduction. There was also right-sided myofascial tightness with painful range of motion. Current diagnoses included repetitive strain injury, myofascial pain syndrome, cervical strain/sprain, history of right shoulder surgery times 3, possible neuropathy, and possible cervical radiculopathy verses peripheral neuropathy. Diagnostic testing has included a MRI of the cervical spine (11/13/2008) revealing chronic degenerative disc disease at the C4- C7 levels with mild to moderate neural foraminal stenosis and without nerve root impingement. A recent urine drug screen (10/20/2014) was positive for antidepressants, but negative for opiates despite current medications that included hydrocodone and tramadol. Treatment to date has included medications, physical therapy, conservative care, electro-acupuncture, activity restrictions, cervical traction, massage therapy, right shoulder surgery (01/2005), right clavicle resection (01/29/2007), and additional right shoulder surgery (03/24/2008). The physical therapy was requested to help improve strength, endurance and flexibility. Treatments in place around the

time the physical therapy was requested included current medications and a request for steroid injections. The injured worker reported pain had was unchanged. Functional deficits and activities of daily living were unchanged. The injured worker's work status was noted as continued work. Dependency on medical care unchanged. On 12/01/2014, Utilization Review modified a request for physical therapy for the right shoulder and neck which was requested on 11/20/2014. The 6 visits of physical therapy for the right shoulder and neck were modified to two (2) visits based on previous physical therapy and the expectation of continued therapy exercises at home. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of physical therapy visits for the right shoulder and neck (6 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits to the right shoulder and neck QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99.. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines. Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 1 - 2 visits post-injection for rotator cuff syndrome. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The medical records indicate that the patient had been authorized 19 physical therapy treatments as of October 1, 2013. The progress report dated February 21, 2014 documented that the patient was receiving PT physical therapy and was advised to continue physical therapy. The progress report dated November 17, 2014 documented that the patient was recommended to have a cortisone injection to the right shoulder for the rotator cuff tendonitis. The medical records indicate that the number of PT physical therapy treatments have already exceeded MTUS and ODG guidelines. The 11/17/14 progress report requested 6 additional PT physical therapy treatments in association with a cortisone injection to the right shoulder. ODG guidelines limit post-injection treatments to 2 visits. Therefore, the request for 6 additional PT physical therapy visits is not supported by MTUS or ODG guidelines.

Therefore, the request for physical therapy visits to the right shoulder and neck quantity 6 is not medically necessary.