

Case Number:	CM14-0218304		
Date Assigned:	01/08/2015	Date of Injury:	03/03/2014
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male patient with an injury date of 03/03/2014. The mechanism of injury explains the patient working on a loading dock pulling up on a dock plate while using a dock hook to experiencing a "pop" on his right shoulder. The injury noted being reported and medical attention administered. The worker is noted with negative radiographic findings and is prescribed medications. Discussion was noted regarding work restrictions with note the patient did attempt to work under modified job duties only to have overcompensated for right shoulder discomfort resulting in left shoulder pain. Persistent pain allowed for additional evaluation and he underwent an MRI of right shoulder which revealed a tear. The patient is reported to have initiated physical therapy that provided temporary relief in pain, but he still had no range of motion. He remained out of work for 3-4 weeks. A QME evaluation dated 10/16/2014 reported a chief complaint of neck pain, right shoulder pain and left shoulder pain. He is prescribed the following medications; Tramadol, and Omeprazole. Physical examination found significant tenderness to palpation on the AC joints bilaterally; slight greater on the left. He was also noted with some pain over the mid-acromion portal right greater than left. He also is noted with pain over the anterior capsule bilaterally right greater than left. The patient is found with positive results for crossed arm adduction sign bilaterally and noted with mild impingement sign bilaterally. A primary treating physician visit dated 11/05/2014 described the patient reporting improvement in his neck and bilateral shoulders with physical therapy. He is able to raise his arms much better without causing increased pain. He is still reporting numbness and tingling in the bilateral upper extremities. Physical examination found decreased range of motion of the cervical spine with

paravertebral tenderness and spasm. Spurling's sign is negative. There is decreased bilateral shoulder range of motion with flexion and abduction to about 140 degrees. There is 4 out of 5 muscle strength, globally. The following tests noted with negative results; impingement, apprehension, Tinel's and Phalen's bilaterally. He is diagnosed with status post work related injury to the right shoulder, possible bilateral adhesive capsulitis versus chronic cervical strain with referral to shoulders, per MRI findings. Compensatory left shoulder pain versus continuous trauma injury. A request for services dated 12/09/2014 asking for physical therapy sessions treating both the right shoulder and neck 18 sessions each. The Utilization Review denied the request on 12/16/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Right Shoulder 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulder. The current request is for Physical Therapy for Right Shoulder 3x6. The treating physician report dated 11/5/14 (72B) states that the patient has noted improvement in his neck and bilateral shoulders with physical therapy. The physician goes on to state, regarding treatment, at this time, additional physical therapy will be ordered, three times per week for six weeks, for continued improvement. MTUS pages 98, 99 states the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines goes on to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "Reports provided show the patient has received an unknown number of physical therapy visits previously, and the treating physician is asking for 18 more. In this case, the current request for 18 exceeds the 9-10 visits recommended by the MTUS guidelines. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.

Physical therapy for the Neck 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulder. The current request is for Physical therapy for the Neck 3x6. The treating physician report dated 11/5/14 (72B) states that the patient has noted improvement in his neck and bilateral shoulders with physical therapy. The physician goes on to state, Regarding treatment, at this time, additional physical therapy will be ordered, three times per week for six weeks, for continued improvement. MTUS pages 98, 99 states the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines goes on to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. "Reports provided show the patient has received an unknown number of physical therapy visits previously, and the treating physician is asking for 18 more. In this case, the current request for 18 exceeds the 9-10 visits recommended by the MTUS guidelines. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.