

Case Number:	CM15-0001676		
Date Assigned:	01/12/2015	Date of Injury:	05/20/2010
Decision Date:	03/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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:

The patient is a 52 year old female with an injury date of 05/20/10. Based on the 11/07/14 progress report provided by treating physician, the patient complains of neck pain, left shoulder pain and lumbar pain. The patient is status post Left shoulder arthroscopy dated 05/11/12. Physical examination to the cervical spine and lumbar spine on 08/22/14 revealed tenderness to palpation to the paraspinal muscles. Physical examination to the left shoulder revealed decreased range of motion on flexion and abduction. Neer and Hawkins tests were positive. Patient is permanent and stationary. Diagnosis 08/22/14, Superior Glenoid Labrum Lesion, Brachial Neuritis or Radiculitis Not Otherwise Specified, Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified. The utilization review determination being challenged is dated 12/04/14. The rationale is: "... there is no clear documentation of objective improvement with previous therapy and functional deficits that cannot be addressed within the context of an independent home exercise program, yet expected to improve with formal supervised therapy..." Treatment reports were provided from 07/18/14 - 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, lumbar spine and left shoulder 2x6: Upheld

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

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

Decision rationale: The patient presents with complains of neck pain, left shoulder pain and lumbar pain. The request is for PHYSICAL THERAPY FOR THE CERVICAL SPINE. LUMBAR SPINE AND LEFT SHOULDER 2 x 6. The patient is status post Left shoulder arthroscopy on 05/11/12. Patient's diagnosis on 08/22/14 included superior glenoid labrum lesion, brachial neuritis or radiculitis not otherwise specified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Patient is permanent and stationary. MTUS pages 98,99 has 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Treater has not provided reason for the request. Patient is not within post operative time period, as left shoulder arthroscopy was on 05/11/12. A short course of physical therapy would be indicated by guidelines given patient's symptoms, however there is no documentation of treatment history. Furthermore, treater has not discussed why patient cannot move on to home exercise program. The request is also for 12 sessions, which exceeds what is allowed per MTUS for this kind of condition. Therefore, the request IS NOT medically necessary.