

Case Number:	CM15-0004949		
Date Assigned:	01/16/2015	Date of Injury:	11/06/2013
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old male, who sustained an industrial injury on November 6, 2013. He has reported hitting his head on the ground. The diagnoses have included discogenic cervical condition with facet inflammation, status post concussion, right shoulder impingement, rotator cuff strain, acromioclavicular joint inflammation, bicipital tendonitis, ulnar nerve neuritis on the right, carpal tunnel syndrome on the right and chronic pain syndrome. Treatment to date has included diagnostic studies, surgery, physical therapy and pain medications. The patient had previously completed 6 out of 12 approved PT sessions by December 2014 but the remaining 6 expired. Currently, the injured worker complains of pain in his neck and head along with headaches. He has blurry vision and changes in vision. There was pain along the jaws bilaterally. The injured worker also had some pain in the right shoulder, right elbow, right wrist and pain in his fingers. He described this pain as a sharp, shooting pain as well as numbness and tingling. He has limited range of motion and cannot do any forceful gripping or grasping. The medications listed are Lidoderm patch, Norco, Trazodone for insomnia, Topamax for neuropathy, Nalfon for pain and Protonix. On December 23, 2014, Utilization Review non-certified therapeutic exercises 6 visits, noting the Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and Official Disability Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,46-47,96-99. Decision based on Non-MTUS Citation Pain Chapter Physical Therapy

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) treatments can be utilized in the management of musculoskeletal pain. The use of PT can result in pain relief, reduction in medications utilization and improvement in function or range of motion of the affected parts. The records indicate that the patient completed 6 out of 12 approved PT sessions by December 2014. The additional PT sessions required to completed the shoulder PT guidelines recommendation would be 6 session. The criteria for 12 physical therapy sessions to right shoulder was not met.