

Case Number:	CM15-0015088		
Date Assigned:	02/03/2015	Date of Injury:	06/22/2013
Decision Date:	03/19/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 58 year old female, who sustained a work/ industrial injury on 6/22/13 while lifting a client out of the car. She has reported symptoms of pain and tightness to the neck, shoulder, and thoracic area. Prior medical history was not documented. The diagnoses have included cervicothoracic strain with radiculopathy and left shoulder rotator cuff tear. Magnetic Resonance Imaging (MRI) imaging demonstrated a full thickness tear of the supraspinatus. Per the primary treating physician's progress report of 9/8/14, there was tenderness in the left shoulder anteriorly, positive arm drop test and positive impingement testing, strength was 4/5 compared to the right shoulder. Reflexes were normal, bilaterally. Surgery was suggested with referral given. Treatment to date has included diagnostics, medication, and physical therapy. Medications include Ibuprofen and Flexeril. On 1/20/15, Utilization Review non-certified Additional Physical Therapy 2 x week x 3 weeks to the left shoulder, cervical spine, and thoracic spine, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks to the left shoulder, cervical spine, and thoracic spine: Overturned

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

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

Decision rationale: MTUS Guidelines recommend up to 10 sessions of physical therapy as adequate for most painful conditions. The records sent for review document 2 sessions of physical therapy in Jan '15. However, in the records sent for review, there is no documentation if prior therapy has been provided and what the extent of that might be. Without evidence of prior therapy exceeding Guideline standards the request for 6 sessions is within Guideline standards. Under these circumstances the physical therapy 2x's wk for 3 weeks to the shoulder, cervical and thoracic spine is medically necessary and appropriate.