

Case Number:	CM15-0121505		
Date Assigned:	07/07/2015	Date of Injury:	03/07/2013
Decision Date:	09/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Emergency 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 36 year old, female who sustained a work related injury on 3/7/13. The diagnoses have included cervical strain/sprain, cervical facet arthropathy, possible cervicogenic cephalgias, left shoulder strain with supraspinatus tendinitis and subdeltoid bursitis and anxiety/depression syndrome. Treatments have included left shoulder block injections, chiropractic treatments, physical therapy, medications and psychotherapy. In the PR-2 dated 5/11/15, the injured worker complains of left shoulder pain. She rates this pain level a 4/10. She received a left shoulder block injection and has had good improvements of her symptoms. She has persistent neck pain, left side worse than right. She rates this pain level a 6/10. She has some decreased range of motion in her cervical spine. There is mild paracervical muscle spasm mostly on the left side. She has some tenderness of cervical facets on left side. She has some decreased range of motion in left shoulder. She has mild tenderness on the acromioclavicular joint. She is working modified duty. The treatment plan includes a recommendation for physical therapy and for refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 12 Sessions: 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: Per CA MTUS guidelines, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, physical therapy recommended as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." She complains of neck and left shoulder pain with some pain relief from a left shoulder block injection and medications. She had physical therapy in the past. It is unclear from the documentation how many visits she had and if there were any functional improvements. Specifically, there is no decrease in analgesic use noted in the documentation and limitations of exam are unchanged. Since she had physical therapy in the past without documentation of functional improvements achieved, the requested treatment of physical therapy to her neck (cervical spine) and left shoulder is not medically necessary.

Ultracet 37.5/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 78-91, 124.

Decision rationale: Per CA MTUS guidelines, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, physical therapy recommended as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." She complains of neck and left shoulder pain with some pain relief from a left shoulder block injection and medications. She had physical therapy in the past. It is unclear from the documentation how many visits she had and if there were any functional improvements. Specifically, there is no decrease in analgesic use noted in the documentation and limitations of exam are unchanged. Since she had physical therapy in the past without documentation of functional improvements achieved, the requested treatment of physical therapy to her neck (cervical spine) and left shoulder is not medically necessary.