

Case Number:	CM15-0172650		
Date Assigned:	09/14/2015	Date of Injury:	01/19/2015
Decision Date:	10/14/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 28 year old male who sustained an injury on 1-19-15 resulting when he stepped on a ramp that collapsed and fell onto a truck and landed on his right side. He immediately felt pain in his right arm, lower back, right hip and right shoulder. Diagnoses include cervical radiculopathy; muscle spasm and neck pain. Treatment included physical therapy to his neck, right shoulder and lower back at interval of three times a week for approximately 6 weeks, which provided temporary pain relief. He did not work since the injury. The examination on 7-13-15 indicates he has intermittent pain in his neck; constant aching in the right shoulder; sharp pain lower back and occasional pain in the right hip. He has difficulty with showering, dressing, grooming and house chores. He avoids standing, walking, sitting and driving for prolonged periods-of-time. MRI cervical spine 5-19-15 reveals mild left uncovertebral osteophytosis at C6-C7. Diagnoses are cervical radiculopathy; right shoulder impingement; lumbosacral radiculopathy and right hip tendonitis, bursitis. Physical examination shows mild spasm, tenderness and guarding in the paravertebral musculature of the cervical spine; right shoulder shows impingement and Hawkins signs with range of motion in flexion and abduction less than 120 degrees. Lumbar spine has spasm, tenderness and guarding in the paravertebral musculature. He was cleared to return to work with restrictions. Physiotherapy (12 sessions) was requested for the right shoulder to initiate the strengthening process, improving range of motion and to develop a home exercise program. MRI right shoulder on 8-11-15 reveals no evidence of rotator cuff tear. On 8-10-15 he continues to have right shoulder pain that significantly interferes with his ability to complete daily activities including hygiene and

household chores. Range of motion right shoulder was decreased on flexion and abduction to approximately 90 degrees; grip strength is diminished on the right. Current requested treatments physical therapy 3 times a week for 4 weeks for the right shoulder. Utilization review 8-25-15 requested treatment modified to 3 times per week for 4 weeks maximum of 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy 3 times a week for 4 weeks for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as written. The MTUS recommends up to 10 visits for this patient's condition. The request as written exceeds the recommended 10 visits of PT for the patient's right shoulder. For this reason, this request is not medically necessary as written.