

Case Number:	CM15-0174358		
Date Assigned:	09/16/2015	Date of Injury:	10/22/2013
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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, Hawaii

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 injured worker is a 44 year old male with an industrial injury dated 10-22-2013. A review of the medical records indicates that the injured worker is undergoing treatment for pain in the shoulder joint and cervical disc displacement without myelopathy. Treatment consisted of Magnetic Resonance Imaging (MRI) of the left shoulder dated 03-31-2014, Magnetic Resonance Imaging (MRI) of cervical spine dated 02-03-2014, prescribed medications, at least 6 recent physical therapy sessions, status post left shoulder arthroscopic surgery and periodic follow up visits. In a progress report dated 06-19-2015, the injured worker reported starting physical therapy and completing 3 out of 6 sessions. The injured worker reported some benefit with being able to grip items better and some improvement in range of motion. According to the progress note dated 07-28-2015, the injured worker reported neck and left shoulder pain. The injured worker reported that he continues to have pain in the left shoulder with numbness in the left arm. The injured worker reported difficulty sleeping at night due to pain. Objective findings (06-19-2015 to 07-28-2015) revealed tenderness to palpitation over the rotator cuff muscles with guarding and muscle tension. Left shoulder range of motion was decreased by 50% with flexion and abduction, decreased by 40% with internal rotation and extension, and 30% with external rotation. Positive impingement sign at the left shoulder was also noted on exam. The treating physician prescribed services for physical therapy for the left shoulder and cervical 2x a week for 6 weeks, now under review. Utilization Review determination on 08-06-2015 denied the request for physical therapy for the left shoulder and cervical 2x a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder/cervical 2x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

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

Decision rationale: The records indicate the patient has ongoing pain in the left shoulder and cervical region and is status/post left shoulder arthroscopy, debridement, and subacromial decompression that was performed in June of 2014. The patient is outside of the post surgical treatment time frame. The current request is for consideration of physical therapy for the left shoulder/cervical 2 x a week for 6 weeks. The CA MTUS does recommend a fading of treatment frequency, plus a transition into active self-directed home exercise. MTUS recommends for Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. The postsurgical treatment period of 6 months has passed and therefore postsurgical guidelines no longer apply. The records indicate the patient has received more than 20 physical therapy sessions to date. The current request of 12 additional sessions exceeds the MTUS guidelines on page 98-99. There is nothing in the medical records to indicate the patient has suffered a recent exacerbation of their condition or a new injury. There is also no functional measurements to assess functional improvement of the previous physical therapy sessions. It is also not understood why the patient has not transitioned to a fully independent exercise program. As such, the medical records do not establish medical necessity.