

Case Number:	CM15-0174426		
Date Assigned:	09/16/2015	Date of Injury:	04/07/2001
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
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

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:

This is a 48 year old male with a date of injury on 4-7-2001. A review of the medical records indicates that the injured worker is undergoing treatment for chronic residual cervical pain with radicular symptoms status post C5-6 fusion and left shoulder subacromial bursitis with impingement symptoms. Medical records (4-8-2015 to 8-12-2015) indicate ongoing neck and left shoulder pain. He described the shoulder pain as worse with movement; the neck pain was a constant dull aching, with numbness in the hand intermittently. It was noted that a recent magnetic resonance imaging (MRI) of the left shoulder showed tendinosis. Per the treating physician (8-12-2015), the employee was active and working as a tax auditor. The physical exam (4-8-2015 to 8-12-2015) revealed moderate tenderness to palpation over the soft tissues in the left subacromial area. There was moderate pain with overhead range of motion of the left upper extremity. Treatment has included home exercise program, transcutaneous electrical nerve stimulation (TENS), magnetic resonance imaging (MRI) and medications (Nucynta). The injured worker was given an injection to the left subacromial space on 8-12-2015. The original Utilization Review (UR) (8-28-2015) denied a request for physical therapy x20 for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 20 sessions for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The patient presents with pain in the neck and the left shoulder. The request is for PHYSICAL THERAPY 20 SESSIONS FOR LEFT SHOULDER. Physical examination to the left upper extremity on 08/12/15 revealed tenderness to palpation over the soft tissue in the subacromial area. Patient's treatments have included medication, injections, ice/heat therapy, image studies and home exercise program. Per 06/24/15 progress report, patient's diagnosis include chronic residual cervical pain with radicular symptoms status post C5-6 fusion, and left shoulder subacromial bursitis with impingement symptoms. Patient's medications, per 05/06/15 progress report include Nucynta. Patient's work status was not specified. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not specifically discussed this request. The patient continues with neck pain and pain in the left shoulder. Review of the medical records provided did not indicate prior physical therapy. Given the patient's continued pain, a short course of therapy would be indicated. However, the guidelines allow up to 10 sessions of physical therapy for patient's condition and the request for 20 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.