

Case Number:	CM15-0025105		
Date Assigned:	02/17/2015	Date of Injury:	08/17/2014
Decision Date:	09/04/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female with an industrial injury dated 08-17-2014. The injured worker's diagnoses include left shoulder bursitis and cervicgia. Treatment consisted of modified duty restrictions and periodic follow up visits. In a progress note dated 12-04-2014, the injured worker reported constant, moderate, posterolateral left shoulder pain and frequent moderate left sided neck pain with associated numbness and tingling into the left upper extremity into the hand. Objective findings revealed positive Spurling's test and decrease cervical range of motion. Left shoulder exam revealed tenderness in the suprascapular area, shoulder, subacromial and anterior and decrease range of motion. Left positive impingement was also noted on exam. Treatment plan consisted of modified duty and physical therapy. The treating physician prescribed services for twelve sessions of physical therapy for the left shoulder and cervical spine, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the left shoulder and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), physical therapy (2) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in August 2014 and is being treated for neck and left shoulder pain. When seen, symptoms included radiating left sided neck pain into the left upper extremity with numbness and tingling of the hand. There was decreased cervical range of motion with positive Spurling's testing. There was decreased shoulder range of motion with positive impingement testing. Authorization for 12 physical therapy treatments was requested. Guidelines recommend up to 10 therapy treatment sessions over 8 weeks for rotator cuff impingement and up to 12 therapy treatment sessions over 10 weeks for the claimant's radiating neck symptoms. Only partial concurrent treatments would be expected. In this case, the number of requested treatments is within the guideline recommendation and was medically necessary.