

Case Number:	CM15-0026303		
Date Assigned:	02/18/2015	Date of Injury:	07/01/2012
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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 59 year old female, who sustained a work/ industrial injury on 7/1/12 as a clerical administrator when she developed pain in the neck and left shoulder associated with usual and customary duties. She has reported symptoms of neck pain reported as 8/10 and left shoulder pain and upper extremity pain rated 8/10. Prior medical history included fall in 2010 with injury to left side of head. The diagnoses have included cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, myofascial strain, and left shoulder sprain/strain with tendinitis and impingement. Treatments to date included prior physical therapy and medication. Diagnostics included electrodiagnostic test performed on 11/7/14 noting left ulnar neuropathy. Medications included Ibuprofen, prednisone, and plaquinil. Examination revealed tenderness to palpation over the suboccipital region, paraspinal musculature bilaterally and right upper trapezius muscle with active trigger point including twitch response to digital palpation, active spasm in the cervical spine musculature, active range of motion of the cervical spine is flexion 42 degrees, extension of 44 degrees, right rotation 68 degrees, left rotation 65 degrees, right lateral flexion of 33 degrees, and subacromial region was tender to palpation along with the acromioclavicular joint, supraspinatus tendon, and posterior and periscapular musculature. There was crepitation with range of motion in the subacromial region and acromioclavicular joint. Impingement test and cross arm test was positive. On 1/21/15, Utilization Review non-certified Physical Therapy; Eight (8) Sessions, Cervical Spine and Left Shoulder noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain, Physical Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; Eight (8) Sessions, Cervical Spine and Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with neck and bilateral shoulder pain. The current request is for Physical Therapy; Eight (8) Sessions, Cervical Spine and Left Shoulder. The treating physician states, the patient has complaints of increased moderate, burning heat pain when she turns her head to the left coming from the neck. Symptoms improve over time the patient returns her neck to a neutral posture. I recommend a final extension for the patient's physical therapy. Final therapy sessions for additional improvement the restricted cervical range of motion and strength and endurance with left upper extremity use. (B.21/22) The MTUS Guidelines supports physical therapy and states for, Myalgia, myositis and neuritis type conditions, unspecified (ICD9 729.1): 8-10 visits over 8 weeks. In this case, the patient has already undergone some physical therapy sessions, however, the exact number is not made clear by the reports submitted for review. A report dated 11/17/14 does indicate Consider additional 6 visits of physical therapy for current flares. (B.19) In this case, the patient is reporting an increase in pain after completing an unknown number of physical therapy sessions. There is also no indication that previous physical therapy sessions have helped the patient. The current request is not medically necessary and the recommendation is for denial.