

Case Number:	CM15-0079732		
Date Assigned:	04/30/2015	Date of Injury:	11/29/2012
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 66 year old female, who sustained an industrial injury on 11/29/2012. The current diagnoses are frozen shoulder syndrome on the right and cervical spine herniated nucleus pulposus, and right C6 radiculopathy. According to the progress report dated 3/18/2015, the injured worker complains of constant right shoulder pain and weakness of the right upper extremity. She states that she is frustrated as she continues to have decreased range of motion, especially with internal rotation and abduction. Additionally, she reports dull, achy neck pain with radiation into her right neck associated with spasms and tingling. Due to her constant pain she has become increasingly depressed about her inability to perform activities. The current medications are Norco. Treatment to date has included medication management, MRI studies, physical therapy and electrodiagnostic testing. Per notes, following her initial course of physical therapy, she reports that her strength has improved and she is now able to open jars. The plan of care includes 8 physical therapy sessions for the neck and right shoulder, psych evaluation, and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the neck and right shoulder, 2x4 QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

Decision rationale: The date of injury for this claimant was 12/19/2012 which resulted in a right fracture humerus complicated by a frozen shoulder. The claimant underwent physical therapy and had residual right arm, right shoulder and neck pain. The request is for physical therapy to the neck (2 x 4). The claimant has had persistent shoulder and neck pain since the injury. He has had prior physical therapy to the neck and shoulders (12 visits in 2013 and 6 visits in 2014). There is no documentation submitted that reports the claimants response to therapy or a determination of whether sustained benefit was achieved. There is also no evidence that the claimant could not continue to progress with a home exercise program. Thus the request is deemed not medically necessary.

Psych evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: According to MTUS Guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. In this case, the claimant has depression secondary to constant pain. But there is limited evidence that his psychological symptoms are causing significant functional delays in his recovery. There is limited evidence of the claimant's prior care and attempt at addressing psychological symptoms. Due to the lack of this documentation, the request is deemed not medically necessary.

Pain Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC pain procedures summary online version.

Decision rationale: CA MTUS does not address pain management consultations. In this case the claimant reports persistent pain in the cervical spine and right shoulder areas. He continues to have functional deficits and symptoms despite previous courses of physical therapy and acupuncture. A pain management consultation is medically necessary for further assessment and treatment of this claimant's problems.