

Case Number:	CM15-0096445		
Date Assigned:	05/26/2015	Date of Injury:	08/10/2010
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52-year-old male, who sustained an industrial injury on 8/10/2010. He reported neck pain after lifting a heavy object. The injured worker was diagnosed as having cervical degeneration. Treatment to date has included medications, cervical spine surgery (8/25/2014), right shoulder surgery (2014), home exercises, magnetic resonance arthrogram of the right shoulder (1/20/2015), and physical therapy. The request is for physical therapy for the right shoulder. On 3/2/2015, he complained of sharp pain at the base of the neck and scapular area. He rated the neck pain a 5/10, and the right shoulder pain 8/10. Examination noted tenderness at the base of the neck and right scapular regions. The treatment plan included a home exercise program, and therapy. On 3/18/2015, he is noted to be improving slightly but continued to have weakness and pain in the right shoulder. There is tenderness noted over the anterior glenohumeral joint and a positive impingement sign. The treatment plan is to continue physical therapy. Some of the medical records contain handwritten information which is difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 physical therapy visits to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 7 physical therapy visits to the right shoulder are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post C5 - C6 anterior cervical discectomy and fusion; and right shoulder labral tear status post arthroscopy. The most recent progress note in the medical record is March 18, 2015. The documentation states physical therapy two times per week than six weeks. The utilization review indicates 24 sessions of physical therapy were provided in total to the cervical spine and to the right shoulder. There is no specific breakdown in the medical record. According to the medical record, the total number of physical therapy sessions to date is unclear based on physical therapy provided the cervical spine and physical therapy provided to the right shoulder. The treatment plan in the March 18, 2015 progress note states the injured worker will proceed with an additional seven visits of physical therapy to work on right upper extremity strength, shoulder strength and range of motion. There were no prior physical therapy notes in the medical record. There is no documentation demonstrating objective functional improvement (referencing the right shoulder). There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement demonstrating additional physical therapy (over and above the recommended guidelines), 7 physical therapy visits to the right shoulder are not medically necessary.