

Case Number:	CM13-0009001		
Date Assigned:	08/27/2014	Date of Injury:	12/17/2010
Decision Date:	12/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported injury on 12/17/2010. Mechanism of injury was not submitted for review. The injured worker has a diagnosis of status post left shoulder decompression with residual pain, left shoulder impingement syndrome with partial rotator cuff tear, bilateral carpal tunnel syndrome, status post right De Quervain's, ganglion cyst of the right wrist, left elbow lateral epicondylitis and status post left shoulder surgery. Past medical treatment consists of surgery, physical therapy and medication therapy. Medications include prednisone. The injured worker underwent MRI of the wrist which revealed ganglion cyst of the right wrist. On 06/10/2013, the injured worker complained of shoulder and upper extremity pain. Physical examination of the shoulder bilaterally revealed tenderness at the shoulder anteriorly. There was a positive impingement sign. There was pain with terminal motion with limited range of motion. Examination of the elbows bilaterally revealed tenderness at the lateral epicondyle. There was a positive Cozen sign. It was also noted that there was pain with terminal flexion with crepitus. Examination of the wrist bilaterally revealed Tinel's and Phalen's sign. There was pain with terminal flexion. It was also noted that the injured worker had a weak grip. Medical treatment plan was for the injured worker to continue with physical therapy to the right shoulder. Rationale was not submitted for review. The Request for Authorization form was submitted on 07/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks for the right 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 California MTUS Guidelines support 9 to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The submitted documentation indicated that the injured worker had undergone physical therapy. However, there were no physical therapy reports submitted for review to indicate the efficacy of such physical therapy. Additionally, the submitted documentation lacked any evidence as to why an independent home exercise program would not be sufficient to address the functional deficits the injured worker had to the right shoulder. Given the lack of submitted documentation, physical therapy cannot be established. Furthermore, there was lack of evidence as to if the injured worker had trialed and failed conservative care treatment as far as NSAIDS. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.