

Case Number:	CM13-0036191		
Date Assigned:	12/13/2013	Date of Injury:	01/17/2011
Decision Date:	04/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Practice and is licensed to practice in Georgia and Texas. 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 patient is a 62-year-old female who reported an injury on 01/17/2011. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include status post bilateral carpal tunnel release; status post left shoulder arthroscopy; status post right shoulder arthroscopy; right shoulder rotator cuff tendinitis; cervical spine herniated disc; depression; and left upper extremity radiculopathy. Progress report dated 10/30/2013 reveals the patient had noted positive tenderness over the paracervical musculature. Motor testing was measured at 5/5 to all muscle groups of the upper extremities. Neurovascular status was intact. Range of motion of the cervical spine was chin to chest which is normal. Extension was measured at 30 degrees with pain. Special testing revealed a negative Neer's, Hawkin's test, O'Brien's test, and Speed's test. There was no tenderness over the biceps tendon, no crepitus, and negative AC joint tenderness. Range of motion of the left shoulder revealed well-healed scars; pain with full motion was also noted. Range of motion of the left shoulder revealed decreased restricted range of motion. It was noted the patient had good symptomatic relief with the medial branch block and an authorization was requested for radiofrequency ablation procedure to be performed. The patient was prescribed Nucynta 75 mg 4 times a day 120 tablets. Physical therapy notes dated 09/11/2013 through 11/01/2013 do not provide any significant increase in the patient's functional capabilities. There is no documentation of any significant increase in the patient's functional capabilities or decrease in her pain or signs and symptoms of discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK TIMES 6 WEEKS FOR RIGHT SHOULDER: Upheld

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

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

Decision rationale: The patient is noted to have undergone multiple sessions of physical therapy; however, there is no documentation of any significant benefit from prior physical therapy sessions. It is also noted that the request is for physical therapy to the right shoulder and upon examination, there were no significant deficits noted for examination of the shoulders that would warrant the necessity for physical therapy. As such, the medical necessity for the requested service cannot be determined at this time, and the request for physical therapy 3 times a week x 6 weeks for the right shoulder is non-certified.