

Case Number:	CM13-0041615		
Date Assigned:	12/20/2013	Date of Injury:	01/08/2013
Decision Date:	05/15/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 01/08/2013 due to cumulative trauma while performing normal job duties. The injured worker suffered emotional distress related to her work environment. On 08/06/2013, the injured worker was evaluated, and it was documented that the injured worker had ongoing bilateral shoulder pain exacerbated by physical movement. It was noted that the injured worker underwent bilateral upper extremity electrodiagnostic studies that did have positive findings for bilateral carpal tunnel syndrome. It was also noted that the injured worker underwent an MRI of the cervical spine in 06/2013 that documented C4-5 moderate to severe right neural foraminal stenosis and moderate right and mild to moderate left neural foraminal stenosis at the C5-6. The injured worker's diagnoses included a Cervicothoracic sprain/strain, bilateral shoulder impingement, possible right carpal tunnel syndrome, right medial and lateral epicondylitis, right thumb carpometacarpal joint arthrosis, lumbosacral sprain/strain, right knee patellofemoral syndrome, psychiatric complaints and internal medicine complaints. The injured worker's treatment plan included physical therapy to the bilateral shoulders, physical therapy to the cervical spine, physical therapy to the lumbar spine, a referral to a pain management specialist and a referral to an internal medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL SHOULDERS (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The requested physical therapy for the bilateral shoulders for 12 sessions is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for myofascial pain, radiculitis and neuritis. The requested 12 sessions exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. Additionally, the injured worker's evaluation did not include an adequate assessment of the injured worker's bilateral shoulders to support the need for physical therapy. As such, the requested physical therapy for the bilateral shoulders (12 sessions) is not medically necessary or appropriate.