

Case Number:	CM13-0052332		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2013
Decision Date:	04/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in 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 physician 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 53-year-old female who reported an injury on 01/18/2013. The mechanism of injury was noted to be a cumulative trauma. The patient had pain in the right shoulder, right wrist, and hand per the most recent submitted documentation. The patient had decreased numbness since carpal tunnel surgery in September and strength decreased as well. The physical examination of the right shoulder revealed the patient had tenderness at the acromioclavicular joint and anterior deltoid with a positive supraspinatus test on the right. The patient had tenderness at C4 through C7 and associated paraspinal musculature with a positive Spurling's test bilaterally. There was positive shoulder depression test bilaterally. There was pain with range of motion of the cervical spine and tenderness over the thoracic spinous process from T1 through T3. The patient had 3 to 4+ tenderness around the surgical site. The diagnoses were noted to include cervical spine disc bulge and radiculopathy, left carpal tunnel syndrome, status post right carpal tunnel release 09/03/2013, right shoulder arthritis, and right shoulder impingement. The treatment recommendations were noted to be a QME, to continue medications, a right C5-6 selective epidural steroid injection, and physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation failed to indicate the patient's prior objective functional benefit received from previous physical therapy and the number of sessions that were provided. The patient should be well-versed in a home exercise program as the injury was reported 01/18/2013. Additionally, there was a lack of documentation indicating the patient's objective functional deficits to support ongoing therapy. Given the above, the request for physical therapy (right shoulder) 2 times a week for 4 weeks is not medically necessary.