

Case Number:	CM13-0053592		
Date Assigned:	12/30/2013	Date of Injury:	01/16/2013
Decision Date:	06/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 30-year-old female with date of injury 01/16/2013. Per treating physician's report 09/26/2013, patient presents with right shoulder and left wrist pain with radiation down the right upper arm, forearm, right hand, and ring fingers at an intensity of 7/10. With a listed diagnosis of shoulder pain, enthesopathy of the wrist and carpus joint pain wrist. Under treatment discussion, the patient is requesting second surgical opinion. There is also a request for physical therapy 12 sessions for stretching, strengthening, range of motion, and development of home exercise program. Request was also for MRI of the left wrist for further evaluation, recommend wrist injection and shoulder injection depending upon MRI findings. 06/25/2013 report is a progress report by another physician, [REDACTED]. The patient is authorized for surgery. She has been putting it off, but the patient is being scheduled. Assessment is right shoulder rotator cuff tendinitis/bursitis. Plan was to endeavor to schedule surgery today as mentioned. 10/24/2013 report is by [REDACTED]. The patient has 7/10 intensity pain in the shoulder, working full duty and is not using medications at this time as patient is breastfeeding, pending approve for an MRI of the wrist as well as epidural injection. The request for 12 additional sessions of therapy was modified to certified 6 sessions per utilization review letter on 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TOTAL OF 12 SESSIONS, 2-3 TIMES A WEEK FOR THE RIGHT SHOULDER AND LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: This patient presents with persistent pain of the shoulder for which surgery was previously recommended but not performed. The request is for 12 sessions of physical therapy which has been modified to 6 sessions per utilization review letter 10/22/2013. MRI of the right shoulder from 04/02/2013 showed rotator cuff tendinosis, partial bursal surface and interstitial disruption of the supraspinatus tendon, evidence of superior labral degeneration disruption, type 2 acromion with mild AC joint arthrosis. MTUS Guidelines recommend 9 to 10 sessions of physical therapy for myositis and myalgia type of condition that this patient suffers from. The patient's injury that is back to 01/16/2013, and although there were no physical therapy reports provided, it is likely the patient has had adequate physical therapy earlier in the course of treatments. The current request for 12 sessions may be reasonable if the patient has not had any therapy for quite some time, and based on the fact that the patient continue to be symptomatic, having chosen not to undergo surgery. It should be noted that the patient is working full time as well. However, the requested 12 sessions exceeds what is recommended by MTUS Guidelines for this type of complaints. Modified physical therapy number of sessions to 6 appears quite reasonable. The request for 12 sessions of physical therapy for the shoulder is not medically necessary and appropriate.