

Case Number:	CM13-0055427		
Date Assigned:	07/02/2014	Date of Injury:	04/05/2000
Decision Date:	08/27/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old female with a work injury dated 4/5/00. The diagnoses include shoulder impingement syndrome, cervical sprain/strain and bilateral carpal tunnelsyndrome . This was conservatively treated with medications, physical therapy, TENS unit and shoulder cortisone injection.Under consideration is a request for physical therapy to the left shoulder 6 sessions.There is one primary treating physician report dated 10/16/13 available for review that states that the patient is having increased numbness/tingling in the right shoulder. His pain and stiffness have increased especially in the morning. On exam there is right shoulder tenderness with limited range of motion and tenderness especially abduction and extension. The treatment plan includes physical therapy for the shoulder, electrodes for TENS, and a cortisone injection to the right shoulder.There is an 11/25/13 request for physical therapy 6 sessions as well as a cortisone injection to 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 TO THE LEFT SHOULDER, SIX SESSIONS: 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: The request for physical therapy to the right shoulder six sessions is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient had an injury dating back to 2000. The California Medical Treatment Utilization Schedule (MTUS) Guidelines encourage therapy to progress to an independent home exercise program. There is no clear documentation on how much therapy the patient has had in the past, when the most recent therapy was and the outcome of this therapy. Without clear indication of this information the request for physical therapy to the right shoulder six sessions is not medically necessary.