MAXIMUS Federal Services

Case Number:	CM14-0013121		
Date Assigned:	02/24/2014	Date of Injury:	07/12/2012
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation 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:

The underlying date of injury in this case is 07/12/2012. The current treating diagnoses include repetitive use disorder of the right upper extremity, right de Quervain's tenosynovitis, right lateral epicondylitis, and numbness in the right hand with possible distal upper extremity entrapment neuropathy. On 01/08/2014, the patient was seen in orthopedic evaluation. The patient was noted to have a history of repetitive type injury to her right shoulder. The patient was seen at that time for shoulder discomfort with anterior as well as lateral shoulder pain on the right side, worse with activity. The patient felt that her right upper extremity would go limp at times with activity. The treating physician noted a prior MRI report showed a right rotator cuff tendinitis. On examination the patient had mild pain with supraspinatus testing on the right and a positive Speed test and otherwise full range of motion in strength and stability in the right shoulder. The orthopedist concluded the patient had right shoulder tendinitis with impingement. The treating physician performed an ultrasound of the right shoulder which showed rotator cuff tendinopathy. The patient was given a steroid injection and was referred for physical therapy for impingement syndrome and rotator cuff tendinitis. An initial physician review noted that a progress note of 02/26/2013 indicated the patient was given a brace and underwent physical therapy which was not helpful. Given good residual range of motion, strength, and stability of the right shoulder, that physician reviewer recommended transition to an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 99

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

Decision rationale: The MTUS Chronic Pain Guidelines section on physical medicine recommends allowing for fading of treatment frequency plus active self-directed home physical medicine. This patient received extensive past treatment. The rationale or indication for additional supervised rather than independent physical therapy at this time is not apparent or indicated within the medical records provided for review. This request is not medically necessary and appropriate.