

Case Number:	CM14-0157865		
Date Assigned:	10/01/2014	Date of Injury:	07/26/2012
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 33-year-old female with a reported date of injury on 07/26/2012. The mechanism of injury was noted to be due to repetitive trauma. Her diagnoses were noted to include cervical spine sprain/strain with complaints of left upper extremity radiculopathy, status post left shoulder surgery that consisted of arthroscopic posterior synovectomy, debridement or rotator cuff, bursectomy of subacromial space, arthroscopic decompression, acromioplasty, release of coracoacromial ligament, alleged right shoulder sprain/strain, and overuse syndrome to the bilateral elbows and wrists. Her previous treatments were noted to include physical therapy, cortisone injections, surgery, acupuncture, and medications. The progress note dated 02/20/2014 revealed complaints of pain to the cervical spine, shoulders, elbows, and wrists. The physical examination of the lumbar spine revealed decreased range of motion with right/left rotation. There was palpable tenderness to the midline of left paraspinal musculature, left trapezius musculature, and left medial scapular region. There was evidence of thenar muscle wasting on the left. The reflexes were rated 0. The motor examination was rated 5/5 and the sensory examination was noted to be diminished. The nerve root examination was rated 5/5. The physical examination of the shoulders revealed decreased range of motion to the left shoulder with forward flexion to 160 degrees, abduction to 150 degrees, extension to 20 degrees, external rotation to 90 degrees, internal rotation to 80 degrees, and adduction to 40 degrees. There was a positive impingement test noted on the left. The physical examination of the elbows revealed tenderness to palpation at the left medial/lateral epicondyle with full range of motion. There was a negative Tinel's sign bilaterally. The physical examination of the wrist revealed palpable tenderness at the volar aspect of the left wrist with decreased range of motion bilaterally. The Request for Authorization form was not submitted within the medical records. The request was

for physical therapy; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The injured worker participated in physical therapy back in 2013. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines state for myalgia and myositis, 9 to 10 visits over 8 weeks are recommended. There is a lack of documentation regarding current measurable objective functional deficits. Additionally, the request failed to provide the body region and number of sessions requested for physical therapy. Therefore, the request of Physical Therapy is not medically necessary and appropriate.