

Case Number:	CM14-0173683		
Date Assigned:	10/24/2014	Date of Injury:	05/31/2011
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neurology 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 Injured Worker (IW) is a 51 year old female with a reported date of injury on 5/31/2011. The mechanism of injury is described as an overuse injury with her arm in the forward flexion (deltoid) position. The IW reports sitting in this position for eight to ten hours per day doing her dexterous work. She reports pain in the bilateral shoulders and neck in addition to carpal tunnel syndrome and lateral epicondylitis. Her physical examination from a progress note dated 4/16/2104 is notable for decreased range of motion in forward flexion of the shoulders bilaterally (only to 150 degrees) in addition to pain elicited when assessing internal rotation (to the lumbar levels). The shoulder exam is also notable for the Neer's and Hawkin's impingement signs bilaterally. An MRI of the left shoulder dated 5/18/2014 is notable for a grade 1 tendinosis of the distal supraspinatus and infraspinatus tendons. There is also evidence of mild synovitis of the acromioclavicular joint. The MRI also mentions a trace subacromial-subdeltoid bursitis. A previous request for twelve sessions of physical therapy for the shoulders has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 Sessions (shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary, (updated 08/27/2014); Physical Therapy Guidelines, Shoulder

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

Decision rationale: The Injured Worker's diagnosis of shoulder pain is primarily related to impingement syndrome of the shoulders with inflammation of the rotator cuff (based on left shoulder MRI). Based on the type of pain, this can be treated as a non-specific myalgia for which physical therapy treatment is recommended for nine to ten visits over eight weeks. The request for 12 visits for physical therapy exceeds these recommendations and is not medically necessary.