

Case Number:	CM14-0192151		
Date Assigned:	11/25/2014	Date of Injury:	05/03/2013
Decision Date:	01/13/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional Spine Pain Management 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 patient is a 29 year old female with an injury date of 05/03/13. The 09/21/14 report states that the patient presents with bilateral upper extremity complaints unchanged from prior examination. The 08/19/14 report states the patient has left shoulder pain and the right shoulder cracks but is not as painful as the left. The patient is temporarily partially disabled. Examination of the bilateral shoulders reveals mild tenderness to palpation of the AC joint with "FAROM" and mild impingement on the left with positive Hawkin's and slight discomfort with "RC" testing on the right. Right shoulder examination shows mild discomfort anterior lateral with O'Brien's. The bilateral elbows show mild tenderness to palpation of lateral epicondyle and "ECRB" along with mild tenderness to palpation of the dorsal capsule of the bilateral wrists with mildly positive Finkelstein's. The patient's diagnoses include Bilateral upper extremity repetitive overuse syndrome with wrist and forearm tendinitis; Bilateral shoulder tendinitis with myofascial pain; Left shoulder impingement. The utilization review being challenged is dated 10/17/14. The rationale is that provocative movements show only mild pain and no restrictive movement and the 08/14/14 AME states shoulder problems would not respond to orthopedic treatments. Reports were provided from 07/05/13 to 09/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Physical Therapy Bilateral Shoulder 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The patient presents with bilateral shoulder pain left worse than right. The provider requests for Initial Physical Therapy Bilateral Shoulder 3 times per week for 4 weeks per 08/19/14 report. MTUS pages 98 and 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The reports provided show that the patient completed 6 sessions of physical therapy for the neck and bilateral shoulder strain on 07/12/13. There is a Request for Authorization for physical therapy for bilateral shoulder pain dated 01/22/14; however, it is unclear from the reports that the patient received this treatment. On 08/19/14 the provider states, "The patient states she did not receive much therapy directed to the shoulder, it was more to the neck as well as the hands or elbows." The report does not state the dates of this therapy. Therapy reports for the period 10/09/13 to 11/04/13 show treatment for the hand, wrists and forearms; however, it is unclear if this is the same therapy. The provider also states on 08/19/14, that physical therapy specifically for the shoulder left greater than right is recommended. No objective goals are stated. The 08/20/14 AME report states regarding bilateral shoulder pain, "I believe these issues represent nothing more than chronic soft tissue myofascial pain disorder." On 09/21/14 the provider states the patient has begun a Home Exercise program at the gym on her own with mild improvement and mobility while she awaits authorization for physical therapy. In this case, there is no evidence of recent physical therapy for the bilateral shoulders for this patient. However, the 12 sessions requested exceed what is allowed per MTUS. Therefore, the request is not medically necessary.