

Case Number:	CM14-0024951		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2012
Decision Date:	08/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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, 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 56-year-old female with date of injury of 11/16/2012. The listed diagnoses per [REDACTED] dated 01/20/2014 are: 1. Right shoulder sprain/strain, rule out internal derangement, rule out subacromial impingement, rule out rotator cuff tear. 2. Right wrist sprain/strain, rule out carpal tunnel syndrome. 3. Right shoulder surgery repair in 2001. According to this report, the patient complains of constant pain in the right shoulder. The patient describes the pain as sharp, throbbing, aching, and burning along with numbness and tingling. She rates the pain as 8/10 on the visual analog pain scale. The pain travels to the right side of the lower arm extending to the right hand causing swelling. The pain also increases with gripping, grasping, torquing, pushing, pulling, lifting, carrying, and reaching with any above shoulder level activity for more than 30 seconds. The physical examination of the right shoulder reveals 4 well-healed 1-cm incision. There is tenderness of the acromioclavicular joint on the right. There is tenderness of the bicipital groove on the right. There is tenderness of the vertebral border of the scapula, on the right. There is swelling of the supraclavicular fossa, on the right. There is subacromial grinding and clicking, on the right. Negative drop arm test bilaterally. Impingement test is positive on the right and negative on the left. The Utilization Review denied the request on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR RIGHT SHOULDER #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: This patient presents with right shoulder pain. The treater is requesting 6 additional physical therapy visits. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 12/04/2003, visit 6 out of 8, showed that the patient tolerated the treatment well and she is able to do more gym exercises, but with reduced resistance. The treater requested additional physical therapy on 01/02/2014, stating that given the physical exam findings of stiffness and restricted range of motion, additional therapy may help reduce pain, improve quality of life and function. In this case, while the patient continues to exhibit stiffness and restricted range of motion, she should be able to transition into a self-directed home exercise program to improve ROM and flexibility. Furthermore, the requested 6 sessions, when combined with the previous 8 that the patient received, would exceed MTUS guidelines. Therefore the request is not medically necessary.