

Case Number:	CM14-0062617		
Date Assigned:	08/29/2014	Date of Injury:	12/18/2009
Decision Date:	10/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 12/18/2009 due to an unknown mechanism. Diagnoses were impingement syndrome; de Quervain's tenosynovitis; contusion, ribs/chest wall; cubital syndrome (neuropathy); status post arthroscopy, shoulder 09/08/2010; supraspinatus tendinitis; status post transposition of the ulnar nerves; sprain, cervical; degeneration, cervical disc; and spinal stenosis, cervical region. Past treatments were physical therapy. Diagnostic studies were not reported. Surgical history was an arthroscopy to the left shoulder and left elbow cubital tunnel release. The physical examination on 06/06/2014 revealed complaints of constant left shoulder, elbow, wrist, and cervical spine pain. It was reported that the pain radiated to the left hand with numbness and tingling to the last 3 digits. The injured worker also noticed occasional weakness to her left arm. Computerized muscle testing revealed shoulder abduction strength was 2.3 kg on the left and 2.5 kg on the right. Elbow flexion was 1.2 kg on the left and 3.6 kg on the right. Elbow extension was 1.1 kg on the left and 3.3 kg on the right. Wrist flexion was 0.8 kg on the right and 3.1 kg on the left. Wrist extension was 0.7 kg on the left and 3.5 kg on the right. Medications were Norco, Soma, Protonix, and Terocin cream. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

2x4 additional sessions physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Shoulder Chapter

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

Decision rationale: The decision for 2x4 additional sessions of physical therapy for the left shoulder is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. Functional improvement was not reported from previous physical therapy sessions. Therefore, the request is not medically necessary.