

Case Number:	CM13-0046271		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2008
Decision Date:	02/10/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral shoulder pain reportedly associated with an industrial injury of August 26, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; at least 16 sessions of physical therapy, per the claims administrator; earlier left and right carpal tunnel release surgeries; and carpal tunnel steroid injections. In a Utilization Review Report dated October 29, 2013, the claims administrator denied a request for 16 sessions of physical therapy for the bilateral shoulders. The claims administrator suggested that unspecified amounts of physical therapy had been performed. The claims administrator referenced non-MTUS ODG Guidelines and Chapter 9 ACOEM Guidelines in its determination. An October 7, 2013 physical therapy progress note and an October 9, 2013 RFA form were also referenced in the determination. The applicant's attorney subsequently appealed. In said October 7, 2013 office visit, the applicant reported persistent complaints of neck and bilateral shoulder pain with numbness, tingling, and paresthesias noted about the bilateral upper extremities. 100-110 degrees of shoulder flexion and abduction were appreciated bilaterally with positive Phalen signs noted at the bilateral wrist. The applicant was given presumptive diagnoses of recurrent carpal tunnel syndrome following earlier carpal tunnel release surgery, bilateral shoulder adhesive capsulitis, and cervical degenerative disk disease. Corticosteroid injections in the carpal tunnel region were performed. Physical therapy was endorsed for reported adhesive capsulitis. The applicant's work status was not clearly outlined. It was not clearly stated how much prior therapy the applicant had had. In an August 1, 2013 progress note, the applicant was described as having discontinued working. The applicant was status post carpal tunnel release surgery some 15 years prior. Nocturnal paresthesias were reported. Education and instruction were endorsed. A left shoulder MRI of March 30, 2013 was suggestive of subacromial bursitis,

adhesive capsulitis, and moderate cuff tendinopathy. A right shoulder MRI of March 30, 2014 was notable for moderate cuff tendinopathy. Electrodiagnostic testing of August 20, 2013 was notable for right-sided carpal tunnel syndrome and borderline left-sided carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for eight weeks for the bilateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 8, 99.

Decision rationale: The 16-session course of treatment proposed, in and of itself represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The request for such a protracted course of treatment, furthermore, is at odds with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. The request is likewise at odds with the MTUS Guideline in ACOEM Chapter 3, page 48, which notes that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." Here, it was not clearly established how much prior physical therapy treatment the applicant had had. The applicant's response to earlier treatment was likewise not clearly established. It was not clearly stated what the goals of further treatment were, going forward. The fact that the applicant was off of work and had ceased working as a housekeeper, however, implied a lack of functional improvement as defined in MTUS 9792.20f with earlier unspecified amounts of treatment. Therefore, the request for additional physical therapy of such a protracted amount is not medically necessary.