

Case Number:	CM14-0190326		
Date Assigned:	11/21/2014	Date of Injury:	01/25/2010
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 62-year-old female with a date of injury of 01/25/2010. The mechanism of injury was lifting. Her diagnoses included cervical/trapezial musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis, bilateral shoulder parascapular myofascial strain with attendant impingement, tendinitis and bursitis, bilateral elbow medial and lateral epicondylitis with cubital tunnel syndrome, bilateral forearm/wrist overuse flexor and extensor tendinitis with carpal tunnel syndrome, and bilateral De Quervain's tenosynovitis. Her past treatments included bilateral wrist braces and low back support. Her diagnostic studies have included a radiograph of the cervical spine, bilateral shoulders and lumbar spine on 07/10/2014 and MRIs of the cervical spine and lumbar spine on 07/18/2014. Her surgical history was not included in the medical records. On 07/10/2014, her subjective complaints included neck pain radiating to her bilateral upper extremities, bilateral shoulder pain, and bilateral elbow, forearm, wrist and hand pain with numbness and tingling radiating to thumb, index, middle and ring fingers. Upon physical examination of the left shoulder, flexion was 150 degrees, extension was 35 degrees, abduction was 140 degrees, adduction was 30 degrees, and internal and external rotation were 60 degrees. Subacromial crepitus was present with passive range of motion bilaterally, impingement test was positive bilaterally, and cross arm test was positive bilaterally. Her medication list included naproxen 550 mg tabs. Her treatment plan included recommendations including continuation of a home exercise program, medications, a follow-up office visit 5 to 6 weeks later, an injection for carpal tunnel, an EMG/NCV, and physical therapy. The rationale for the request is not included. The Request for Authorization form was signed and dated 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder.

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

Decision rationale: The request for physical therapy left shoulder is not medically necessary. The injured worker had limited range of motion to the left shoulder, pain, and crepitus. The California MTUS Guidelines recommend allowing for fading of physical medicine treatment frequency from 3 visits per week to 1 or less, plus active, self directed home physical medicine. The guidelines recommend 8 to 10 visits of physical medicine. The medical record indicates there has been previous physical therapy, however, it does not indicate if there was objective functional improvement from that therapy or how many visits she may have already had. Additionally, the request, as submitted, did not include the number of physical therapy visits being requested. Given the above, the request for physical therapy left shoulder is not medically necessary.