

Case Number:	CM14-0207823		
Date Assigned:	12/19/2014	Date of Injury:	12/13/2013
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 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:

This individual is a 57 y/o female who developed right shoulder and bilateral wrist and hand problems subsequent to an injury dated 12/13/13. She was treated with a carpal tunnel release on 4/10/14. She completed at least 8 post op sessions after the carpal tunnel release. Her shoulder has been diagnosed with an impingement syndrome. She recently completed 16 sessions of physical therapy with good improvement in her symptoms and up to 80% full strength. No unusual circumstances are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: MTUS Guidelines recommends limited active physical therapy for the shoulder but the MTUS Guidelines do not directly address what is considered adequate physical

therapy for this individual's diagnosis. Official Disability Guidelines directly address this and recommend up to 10 sessions over 8 weeks as adequate for impingement syndrome. A total of 16 sessions have been completed with good outcomes. There are no unusual circumstances to support an exception to guidelines as the amount of therapy already has significantly exceeded the recommended amount. It would be reasonable to expect a continued home exercise program as the main approach to rehabilitation by this point in time. The requested additional 6 sessions of physical therapy for the shoulder is not medically necessary.