

Case Number:	CM14-0208291		
Date Assigned:	12/22/2014	Date of Injury:	04/10/2014
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice, 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 worker is a 45 year old female who was injured on 4/10/14. She was diagnosed with cervico-brachial syndrome, chronic cervical strain, right shoulder impingement syndrome, chronic right medial and lateral epicondylitis, and synovitis of the right hand. She was treated with physical therapy (hand, neck, and shoulder), TENS unit, and medications. On 11/11/14, the worker was seen by her treating physician reporting slow improvement in her symptoms of neck, upper back, right shoulder, right arm, right wrist, and right hand pain rated 8/10 on the pain scale. She reported continuing to improve with the physical therapy and had only one session left to attend. She was then recommended to continue her medications, continue her TENS unit at home and at work, return to work with stretch breaks, and have additional physical therapy sessions (6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 for the right shoulder: 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 Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic shoulder pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia causing shoulder pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had reportedly completed 12 sessions of physical therapy for the shoulder by the time the request for additional sessions was received for initial review. There was no evidence found in the documents provided suggesting the worker required more supervised therapy over home exercises, which after 10 or more sessions, the home exercises should be the main modality implemented. Therefore, the six additional shoulder physical therapy sessions are not medically necessary.