

Case Number:	CM14-0209976		
Date Assigned:	12/23/2014	Date of Injury:	09/17/2013
Decision Date:	02/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 52-year-old woman with a date of injury of 09/17/2013. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/19/2014 indicated the worker was experiencing right thumb pain at the base joint, grip weakness, and finger numbness. The documented examination described mild tenderness in the shoulder, tenderness in the based of the thumb, and decreased right grip strength. The submitted and reviewed documentation concluded the worker was suffering from right shoulder tendinitis, right carpal tunnel syndrome, and left ulnar nerve entrapment at the elbow. Treatment recommendations included medications, right thumb surgery, and modified activities. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for six sessions of physical therapy for the left shoulder. A physical therapy note dated 10/01/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the left shoulder: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from right shoulder tendinitis, right carpal tunnel syndrome, and left ulnar nerve entrapment at the elbow. The worker had completed a course of physical therapy in the recent past, but the results were not provided. There was no discussion detailing the reason additional physical therapy was expected to be of benefit beyond the benefits of a continued home exercise program. In the absence of such evidence, the current request for six sessions of physical therapy for the left shoulder is not medically necessary.