

Case Number:	CM14-0057661		
Date Assigned:	07/09/2014	Date of Injury:	06/02/2009
Decision Date:	01/27/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a 58-year-old female with a reported injury of 06/02/2009 and the mechanism of injury is not known, however, the injury sustained was to the bilateral wrists. Her diagnosis included brachial neuritis or radiculitis not specified, carpal tunnel syndrome, and rotator cuff sprain. Past treatments included injections, splinting, activity modification, and medications. Diagnostic studies included an MRI of the right shoulder on 10/11/2013 which showed tendinopathy and bursal surface fraying of the anterior fibers of the supraspinatus without discrete rotator cuff tear. Past surgical history was not included. The injured worker presented on 03/26/2014 with complaints of right shoulder pain and bilateral wrist pain, and limited range of motion. She was there for follow-up and awaiting authorization for the physical therapy for the right shoulder and neck and left carpal tunnel release. Upon physical examination, revealed cervical spine range of motion extension 55 degrees, flexion 45 degrees, lateral flexion 40 degrees, rotation 40 degrees, with a positive Neer's test, and positive Hawkins test. Crepitus is present with tenderness at the subacromial region. Examination of the left wrist revealed range of motion was pain free and within normal limits. Current medications were not listed. The treatment plan was for physical therapy for the right shoulder and neck and a left wrist carpal tunnel release and continued restrictions. The request is for PT 3 x4 right shoulder, neck, left carpal tunnel release, and the rationale was the injured worker presented with cervical spine pain, right shoulder pain, and bilateral wrist pain. The Request for Authorization form was included and dated 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the right shoulder and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

Decision rationale: The request for physical therapy 3x4 for the right shoulder and neck is not medically necessary. The injured worker presented on 03/26/2014 with complaints of continued right shoulder pain and bilateral wrist pain. The Official Disability Guidelines for physical therapy of the shoulder recommend up to 10 sessions and the injured worker should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. The request for 12 physical therapy sessions exceeds the guidelines recommendation. There are no exceptional factors which demonstrate the patient's need for physical therapy beyond the guideline recommendations. As such, the request for PT 3x4 for the right shoulder is not indicated. According to California MTUS, physical therapy is recommended at 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis and radiculitis. The requested 12 physical therapy sessions exceeds the guideline recommendations. As such, the request for PT 3x4 for the neck is not indicated. Based on the above evidence in the guidelines, the request for PT 3x4 for the right shoulder and neck is not medically necessary. A previous modification of 5 physical therapy visits for the shoulder/neck and approval of carpal tunnel release surgery with 4 visits of post-op therapy was provided 04/03/2014.