

Case Number:	CM15-0005408		
Date Assigned:	01/16/2015	Date of Injury:	06/02/2014
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported an injury on 06/24/2004. The mechanism of injury was not specifically stated. It was noted that the injured worker underwent bilateral carpal tunnel release as well as right shoulder arthroscopic surgery (dates unknown). The injured worker is currently diagnosed as status post bilateral carpal tunnel release, status post right shoulder arthroscopic surgery, cervical disc herniation, right cervical radiculitis, and chronic myofascial pain syndrome. On 01/23/2015, the injured worker presented for an initial consultation. It was noted that the injured worker was utilizing ibuprofen 600 mg daily. The injured worker reported persistent pain as well as symptoms of depression, frustration, and anger. The injured worker has undergone multiple chiropractic sessions, physical therapy, and home exercise. Upon examination, there was documentation of restricted cervical range of motion, paravertebral muscle spasm, tenderness in the cervical and right supraclavicular regions, a positive Spurling's maneuver on the right, bilateral shoulder elevation at 110 to 120 degrees, well healed arthroscopic portals on the right shoulder, intact sensation, and positive Tinel's and Phalen's signs bilaterally. Recommendations at that time included electrodiagnostic studies, an MRI of the cervical spine, a TENS unit, continuation of range of motion and stretching exercises, and prescriptions for naproxen 550 mg, Flexeril 7.5 mg, and Neurontin 300 mg. There was no recent Request for Authorization form submitted for this review. A previous Request for Authorization form had been submitted on 10/09/2013 for physical therapy for the cervical spine, right shoulder, and bilateral wrists, twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: PT 2 x 4 shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it was noted that the injured worker has participated in a previous course of physical therapy. However, there was no documentation of significant functional improvement. It is unclear whether the provider is requesting physical therapy for the left shoulder or the right shoulder. A comprehensive physical examination of the bilateral shoulders was not documented. Given the above, the request is not medically appropriate at this time.