MAXIMUS Federal Services

Case Number:	CM15-0006738		
Date Assigned:	01/21/2015	Date of Injury:	02/21/1997
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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
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:

This 54 year old male sustained an industrial injury on 2/21/97, with subsequent ongoing left shoulder pain. Magnetic resonance imaging of the left shoulder (2/28/14) showed distal supraspinatus tendinopathy and degenerative joint disease. No recent magnetic resonance imaging of the right shoulder was available for review. The injured worker had recently completed eight sessions of physical therapy. No documentation of response to therapy was noted. In a progress note dated 10/6/14, the injured worker complained of ongoing shoulder pain. The injured worker was currently off work. Current diagnoses included impingement syndrome bilaterally, epicondylitis laterally, cubital tunnel syndrome bilaterally, carpal tunnel syndrome bilaterally and chronic pain syndrome. Physical exam was remarkable for was remarkable for tenderness in the medial and lateral epicondyle on the right and tenderness along the rotator cuff and biceps tendon with mildly positive impingement bilaterally. On 12/16/14, Utilization Review noncertified a request for twelve (12) additional sessions of physical therapy for bilateral shoulders citing lack of functional improvement after previous physical therapy and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional sessions of physical therapy for bilateral shoulders: Upheld

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

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

Decision rationale: The patient presents with persistent unrated bilateral shoulder pain and stiffness, as well as unrated pain in the bilateral elbows and wrists. The patient's date of injury is 02/21/97. Patient has no documented surgical history directed at this complaint. The request is for twelve (12) additional sessions of physical therapy for bilateral shoulders. The RFA is dated 12/01/14. Physical examination dated 12/01/14 revealed tenderness across bilateral shoulders, rotator cuffs, and biceps tendons. Upper extremity examination revealed tenderness along the medial and lateral epicondyles bilaterally worse on the right as well as tenderness to the bilateral wrists. Tinel's sign was noted positive bilaterally, worse on the right. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left shoulder without contrast dated 02/28/14, significant findings include: "Distal supraspinatus tendinopathy. Moderate A.C. DJD, small subacromial sub-deltoid fluid and small joint effusion." As of 12/01/14 patient is currently not working. Regarding physical therapy for chronic pain, MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regards to the request for 12 additional physical therapy sessions for the management of this patient's chronic shoulder pain treater has specified an excessive number of sessions. Physical therapy notes provided, dated 09/11/14, reveal that this patient has already had 6 physical therapy sessions to date with no documented improvement in his symptoms. The same note also states in conclusion: "The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty. The client exhibits a good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session." No rationale is provided as to why this patient is unable to transition to a home-based physical therapy routine and there are no reports of re-injury, flare ups, or surgeries which would warrant additional supervised therapy. Therefore, this request is not medically necessary.