

Case Number:	CM15-0106664		
Date Assigned:	06/11/2015	Date of Injury:	09/10/2012
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 09/10/2012. According to a progress report dated 04/06/2015, the injured worker was seen in follow up of her ongoing bilateral shoulder pain. Physical therapy had been helping and she wanted an extension of her physical therapy treatments. She also needed a refill of her pain medications. Physical examination of her right hand and left hand revealed a positive Tinel sign, which was slight. Phalen test was just slightly positive. She did have significant grip strength loss on the right side, which was her dominant hand, compared to the left. The right shoulder had a little bit of weakness compared to her left shoulder. She did have limited lateral rotation and abduction of the left and right shoulders. She did have tenderness in the subacromial fossa posteriorly. She had some findings of impingement syndrome with Hawkins test on the right side as well as the left side. She was able to abduct to the right 150 degrees and 155 degrees to the left, but she did have good internal rotation, which was about 75 degrees. Diagnoses included bilateral shoulder impingement and bilateral carpal tunnel syndrome. The treatment plan included Tramadol and additional physical therapy. MRI of her left shoulder revealed moderate AC joint arthrosis. She was to remain off work. Currently under review is the request for physical therapy additional 2 times a week for 3 weeks, left shoulder quantity 6. Patient has received an unspecified number of PT visits for this injury. The medication list includes Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy additional 2 times a week for 3 weeks, left shoulder qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Physical Therapy additional 2 times a week for 3 weeks, left shoulder qty: 6 is not medically necessary for this patient.