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| Case Number: | CM15-0107206 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 04/01/2012 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/21/2015 |
| 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: 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:

The injured worker is a 45 year old female who sustained an industrial injury on 04/01/2012. Mechanism of injury occurred while performing her usual and customary work; she was getting up from her workstation and injured her left arm. Diagnoses include degenerative cervical disc disease at C4-5, C5-6, and C6-C7 with evidence of mild bilateral neural foraminal stenosis at these levels as well as mild chronic right C5-C6 radiculopathy per Electromyography/Nerve Conduction Velocity obtained on 05/02/2013, Stage III impingement of the right shoulder with evidence of attrition of the anterior supraspinatus tendon and bicipital tendinopathy noted on Magnetic Resonance Imaging obtained on 09/02/2012-improved, and right cubital tunnel syndrome as documented by Electromyography and Nerve Conduction Velocity obtained on 09/02/2003 now status post cubital neurolyses with still evidence of severe cubital tunnel neuropathy on repeat Electromyography and Nerve Conduction Velocity done on 01/26/2015. Treatment to date has included diagnostic studies, medications, physical therapy, steroid injection on the right glenohumeral joint and subacromial space, and a home exercise program. A physician progress note dated 05/11/2015 documents the injured worker feels that she is doing a little better and therapy has been helpful. Examination of the neck shows increased tone throughout the cervical paraspinal musculature. The right shoulder can now actively forward flex 160 degrees, abduct 150 degrees, and externally rotate 60 degrees without gross compensatory posturing. There is minimally positive impingement and impingement reinforcement. No Tinel's overlying the cubital tunnel. Treatment requested is for Physical Therapy, 2 times weekly for 4 weeks, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 4 weeks, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy, 2 times weekly for 4 weeks, right shoulder is not medically necessary and appropriate.