

Case Number:	CM15-0109012		
Date Assigned:	06/15/2015	Date of Injury:	03/05/2014
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male injured worker suffered an industrial injury on 03/05/2014. The diagnoses included bilateral shoulder impingement, upper back strain, bilateral upper extremity overuse tendinitis, possible bilateral carpal tunnel syndrome, rule out cervical radiculopathy and intension tremor. The injured worker had been treated with physical therapy and cortisone injections. On 5/14/2015 the treating provider reported pain in his shoulder and hands with occasional numbness in the hands radiating up to the shoulders along with tremors in the hands with fine motor activities. On exam there were positive impingement signs of both shoulders. The treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 for The Shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for bilateral shoulder pain. Prior treatments had been limited physical therapy without improvement. When seen, he was having ongoing shoulder and hand pain. Physical examination findings included positive shoulder impingement testing. They'll and testing was positive bilaterally. Recommendations included subacromial injection and physical therapy. The injections were performed. Topical medication was prescribed. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and prior physical therapy was ineffective. The request is not medically necessary.