

Case Number:	CM15-0131247		
Date Assigned:	07/17/2015	Date of Injury:	10/19/2009
Decision Date:	08/13/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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 injured worker is a 48-year-old female, who sustained an industrial injury on 10/19/2009. The injured worker was diagnosed as having extremity pain, shoulder pain, wrist pain, and carpal tunnel syndrome. Treatment to date has included right shoulder arthroscopy in 7/2012, physical therapy, transcutaneous electrical nerve stimulation unit, cervical medial branch radiofrequency neurotomy at C4, C5, and C6 on 7/2014, pain education group, and medications. A physical therapy discharge note (11/25/2014) noted completion of 12 visits and good compliance with home exercise program. The PR2 (12/19/2014) noted completion of 11 of 12 physical therapy sessions for the right upper extremity and shoulder, with additional 6 sessions requested. Currently, the injured worker complains of increased pain and decreased activity. Her pain was rated 7/10 with medications and 8/10 without. Current medications included Lidoderm patch, Lexapro, Lorazepam, and Norco. Exam of the right shoulder noted restricted range of motion due to pain and positive Hawkin's test. She was currently working full time and work status was permanent and stationary. The treatment plan included physical therapy for the right upper extremity and right shoulder x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right upper extremity and right shoulder Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Chapter shoulder, Elbow Chapter, and Forearm, Wrist & Hand (Acute & Chronic).

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 work-related injury in October 2009. She underwent right shoulder arthroscopy in July 2012. Treatments have included physical therapy and as of November 2014, she had completed 11 treatment sessions and was compliant with a home exercise program. When seen, she was having increased pain. Pain was rated at 7/10 with medications. Her activity level had decreased. Physical examination findings included a BMI of over 28. There was restriction of right shoulder movement with pain and impingement testing was positive. There was normal strength and sensation. Authorization for 12 additional physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. 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 or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.