

Case Number:	CM15-0132421		
Date Assigned:	07/24/2015	Date of Injury:	05/06/2009
Decision Date:	09/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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, Hawaii

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 58 year old female, who sustained an industrial injury on May 06, 2009. The injured worker reported shoulder issues secondary to daily repetitive work activities. The injured worker was diagnosed as having right shoulder impingement and tendinitis. Treatment and diagnostic studies to date has included at least twelve sessions of physical therapy, x-rays of the right shoulder, status post right shoulder decompression, status post right carpal tunnel surgery, home exercise program, medication regimen, and magnetic resonance imaging of the right shoulder. In a progress note dated March 05, 2015 the treating physician reports complaints of continued pain to the right shoulder. Examination reveals decreased range of motion, tenderness to the acromioclavicular joint, tenderness to the greater tuberosity and proximal biceps, decreased strength to the rotator cuff, and a positive impingement test to the right shoulder. Physical therapy progress note from May 01, 2015 indicated that the injured worker has had an improvement in performing activities of daily living, but continues to have pain with them. The injured worker's pain level was rated a 6 out of 10 at rest that increases to a 9 out of 10 with use of the right shoulder. The treating physical therapist also noted that the injured worker was gradually progressing with improvement of range of motion and an increase in tolerating activities, but continued to have difficulty with active and passive range of motion, difficulty with strengthening, and pain with active and passive range of motion. The treating physician requested twelve sessions of physical therapy to the right shoulder at two times six to improve the injured worker's limitations and to decrease her pain so she can return to her activities without restrictions or exacerbations of her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions (2 times 6) to the right shoulder: 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 medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the cervical spine and bilateral upper extremities. The current request is for physical therapy 12 sessions (2x6) to the right shoulder. The utilization review report dated 6/17/15 modified the original request to certify 3 PT sessions. The patient previously received right open carpal tunnel release in 2009 with no relief. The 12/18/14 MRI findings of the right shoulder reveal mild narrowing of the subacromial joint space with minimal focal fluid in the subacromial space and mild tendinosis of the distal right supraspinatus tendon. The treating physician states, "I discussed treatment options with the patient. I talked to her about considering versus further therapy. We will have her continue therapy twice a week for another month". The MTUS guidelines allow 8-10 physical therapy visits for the treatment of myalgia and neuritis type conditions. In this case, the treating physician has prescribed treatment outside of the guidelines and the patient is not post-surgical. The current request is not medically necessary.