

Case Number:	CM15-0132825		
Date Assigned:	07/20/2015	Date of Injury:	07/07/2013
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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: Maryland

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

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 July 7, 2013. The injured worker was diagnosed as having right carpal tunnel surgery, left shoulder impingement, cervical sprain with radicular symptoms and right shoulder arthroscopic Mumford procedure and decompression. Treatment to date has included surgery, physical therapy and medication. A progress note dated June 10, 2015 provides the injured worker complains of shoulder pain, neck pain and right hand pain. Physical exam notes cervical trapezius and shoulder tenderness with decreased range of motion (ROM). Hawkin's and Neer's are positive on the right. The plan includes magnetic resonance imaging (MRI) and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right upper extremity times 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Physical therapy to the right upper extremity times 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition now that the patient is out of the postoperative period. The documentation indicates that the patient has had extensive prior post operative. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.