

Case Number:	CM15-0133933		
Date Assigned:	07/22/2015	Date of Injury:	07/15/2014
Decision Date:	08/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania, Ohio, 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 31 year old female, who sustained an industrial injury on July 15, 2014. She reported right neck, right shoulder, and forearm and wrist pain. The injured worker was diagnosed as having right wrist and hand pain, human bite without breaking the skin and strained shoulder and upper arm. Treatment to date has included x-ray, MRI, physical modifications, medication, physical therapy, acupuncture, urine toxicology screen, surgery, pain pump insertion, injection and surgery. Currently, the injured worker complains of post-operative right shoulder pain that radiates to her collarbone and into her right breast. Her pain is rated at 4-5 on 10. She reports difficulty engaging in activities of daily living due to the pain. She is also reports severe anxiety and sleep disturbance. She is currently diagnosed with brachioplexopathy (right), post right shoulder arthroscopy with decompression and major depressive disorder. Her work status is temporary total disability. She reported that acupuncture provided temporary pain relief. A physical therapy note dated May 1, 2015 states the injured worker has met 60% of her goals and is tolerating treatment, but continues to experience deficits. A note dated May 27, 2015 states the injured worker's symptoms and clinical presentation are indicative of a stretch injury of the right brachial plexus. Due to the injured workers previous response to physical therapy, additional physical therapy treatments for the right shoulder 10 sessions (2 times a week for 5 weeks) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 5Wks Right Shoulder, QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation; the patient has deficits noted in PT notes but these should be amenable to treatment in a home-based rehabilitation program. This request is not medically necessary.