

Case Number:	CM15-0134454		
Date Assigned:	07/22/2015	Date of Injury:	06/29/2010
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial injury on 6/29/10. Initial complaints were not reviewed. The injured worker was diagnosed as having left shoulder internal derangement; pain in the joint shoulder. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/8/15 indicated the injured worker complains of left shoulder, left wrist pain rated at 7/10 and complains of a left fourth finger nail deformity. Objective findings are documented as Jamar right 28, 30, 30 and left 14, 12, and 14. The left upper extremity is positive for tenderness with range of motion of the left shoulder noted with abduction 100, internal rotation 20 and external rotation 25. Hand positive for Intel's and Phalen's sign with sensation to all digits with a right fourth nail deformity due to a crush type injury. The provider is requesting authorization of physical therapy for the left shoulder 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder 3 times a week for 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy for the left shoulder three times per week times two weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder internal derangement status post subacromial decompression; carpal tunnel syndrome status post CTR; left rf crush injury with nailbed deformity; and left dorsal ganglion status post excision. The date of injury is June 29, 2010. Request for authorization is dated June 18, 2015. A progress note dated June 8, 2015 subjectively states the injured worker has ongoing left shoulder and wrist pain. Objectively, there is tenderness to palpation over the left shoulder with decreased range of motion. According to the utilization review, the injured worker received the guideline recommended number of physical therapy sessions. The total number of physical therapy sessions is not documented in the medical record. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. There is no documentation demonstrating objective functional improvement from prior physical therapy and there are no prior physical therapy progress notes. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is warranted, physical therapy for the left shoulder three times per week times two weeks is not medically necessary.