

Case Number:	CM15-0134800		
Date Assigned:	07/23/2015	Date of Injury:	02/16/2014
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
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: 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 69 year old female, who sustained an industrial injury on 2/16/14. The injured worker has complaints of neck pain that radiates into both arms and into the elbows and complaints of pain in both shoulders, the right radiates into the right arm and elbow. The documentation noted that left shoulder range of motion was decreased. The diagnoses have included sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included electrodiagnostic study revealed evidence of chronic bilateral C5 radiculopathy, moderate right median neuropathy at the wrist carpal tunnel syndrome affecting sensory and motor component, left ulnar neuropathy across the elbow-slowing of the left ulnar motor nerve across the elbow; chiropractic treatment; X-rays on 2/27/14 showed severe degenerative changes at C4-5 and C5-6 and anterior vertebral osteophyte and loss of disc height and left shoulder X-rays showed mild acromioclavicular (AC) joint arthrosis and some calcific changes in the supraspinatus area; injections; home exercise program. The request was for physical therapy 3 times a week for 2 weeks to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) - ODG Physical Therapy Guidelines.

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

Decision rationale: Physical therapy 3 times a week for 2 weeks to the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions for the left shoulder the patient has had and why the patient is not versed in a home exercise program. Per AME dated 11/4/14, the patient had "physical therapy for the whole body" without relief of symptoms. Without clarification of this amount of total left shoulder visits and evidence of functional improvement or improved symptoms this request is not medically necessary.