

Case Number:	CM15-0139175		
Date Assigned:	07/29/2015	Date of Injury:	01/14/2003
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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
 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 was a 52 year old male, who sustained an industrial injury, January 14, 2003. The injured worker previously received the following treatments Hydrocodone, Tylenol, Ibuprofen, acupuncture therapy and cervical spine MRI. The injured worker was diagnosed with cervical discopathy, bilateral wrist pain, status post bilateral carpal tunnel surgery, lumbar strain or sprain, right shoulder impingement, acromioclavicular joint arthrosis, ulnar neuropathy, left shoulder impingement and status post right shoulder subacromial decompression. According to progress note of May 19, 2015, the injured worker's chief complaint was neck and right arm pain. The injured worker had noticed a significant amount of grinding. The injured worker was having trouble sleeping. The pain radiated down the right arm. The injured worker was taking Hydrocodone for the pain. The injured worker rated the pain at 6-8 out of 10 with difficulty sleeping. The physical exam noted the injured worker walked with a normal gait. There was tenderness at the occipital insertion of the paracervical musculature. There was mild tenderness bilaterally in the trapezii. The midline base of the cervical spine was tender. The treatment plan included physical therapy for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral shoulders, 8 visits: 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 Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2003 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the bilateral shoulders, 8 visits is not medically necessary and appropriate.