

Case Number:	CM15-0140179		
Date Assigned:	07/30/2015	Date of Injury:	03/12/2014
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 45 year old female sustained an industrial injury on 3-12-14. She subsequently reported right shoulder and bilateral hand pain. Diagnoses include bilateral impingement syndrome, rotator cuff syndrome and bilateral carpal tunnel syndrome. Treatments to date include nerve conduction and MRI testing, physical therapy, chiropractic care and prescription pain medications. The injured worker reports continued right shoulder and bilateral wrist pain. Upon examination, there was mild tenderness noted over the right paraspinal cervicodorsal area. There is diffuse tenderness noted over the right shoulder and over the acromioclavicular joint of the left shoulder. Range of motion of the shoulders is painful, right more than left. Neer and Hawkins sign were positive in the right shoulder. A request for Physical therapy 2 times a week for 2 weeks for the right shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. 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. Submitted reports have no new injury or specific neurological deficit progression to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Physical therapy 2 times a week for 2 weeks for the right shoulder is not medically necessary and appropriate.