

Case Number:	CM15-0140322		
Date Assigned:	07/30/2015	Date of Injury:	10/03/2014
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
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:

The injured worker is a 46 year old female with an industrial injury dated 10-03-2014. The injured worker's diagnoses include impingement syndrome of the left shoulder carpal tunnel syndrome and myofascial pain. Treatment consisted of prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06-09-2015, the injured worker reported pain in the left shoulder, left upper arm and left forearm with associated numbness and tingling. The injured worker reported that the symptoms are relieved by ice, heat, rest, and non-opioid analgesics. Objective findings revealed positive left impingement sign and positive left Phalen's test. The treating physician prescribed services for additional physical therapy 1-2 times a week for 3 weeks for the cervical spine and left shoulder, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 3 weeks for the cervical spine and left shoulder:

Upheld

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

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

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for exceeded PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 1-2 times a week for 3 weeks for the cervical spine and left shoulder is not medically necessary and appropriate.