

Case Number:	CM15-0141231		
Date Assigned:	07/31/2015	Date of Injury:	03/10/2009
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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 was a 60 year old female, who sustained an industrial injury, March 10, 2009. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, left shoulder MRI, Flector Patches and Pennsaid cream. The injured worker was diagnosed with bursitis and tendinitis of the shoulder, impingement syndrome and cervicalgia. According to progress note of June 10, 2015, the injured worker's chief complaint was shoulder pain was progressively worse now. The injured worker had increased discomfort in the left shoulder with pain with reaching, grasping and performing day to day activities. The injured worker was having some numbness in the left hand and along the ring finger and small fingers. The injured worker was also having some paresthesias on the right. The physical exam noted decreased tone throughout the cervical paraspinal musculature. Gentle cervical compression testing indeed caused some pain in the posterior triangles of the neck. There was decreased range of motion of the left shoulder with positive impingement. The treatment plan included physical therapy for left shoulder and cervical spine.

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 and cervical spine, 2 times a week for 4 weeks (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

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

Decision rationale: Physical therapy for the left shoulder and cervical spine, 2 times a week for 4 weeks (8 sessions) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation is not clear on how many prior PT sessions the patient has had for her neck or shoulder and the efficacy of this therapy. The MTUS recommends transitioning from supervised therapy to a self-directed home exercise program. Without clarification of this information the request for 8 more therapy sessions is not medically necessary.