

Case Number:	CM15-0161642		
Date Assigned:	08/28/2015	Date of Injury:	11/01/2013
Decision Date:	10/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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, Hawaii
 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, who sustained an industrial injury on 11-1-13. The diagnoses have included cervical strain, cervical degenerative joint disease (DJD), left side cervical radiculopathy, left wrist carpal tunnel syndrome and left rotator cuff tendinitis, and rotator cuff syndrome. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, injections and other modalities. Currently, as per the physician progress note dated 7-6-15, the injured worker continues with the Functional Restoration Program with improvement but remains symptomatic. The objective findings-physical exam reveals that the left shoulder has tenderness to palpation over the anterior rotator cuff, mild acromioclavicular joint (AC) and bicipital tenderness, there is positive impingement sign, and there is grade 4 out of 5 strength. The range of motion with flexion is 160 degrees, abduction is 150 degrees, extension is 40 degrees, external rotation is 45 degrees, internal rotation is 50 degrees and adduction is 30 degrees. The left wrist exam reveals tenderness to palpation over the carpal canal, there is positive Phalen's sign and median nerve compression sign, and the range of motion is dorsiflexion 60 degrees, palmar flexion 55 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees, pronation 80 degrees and supination 80 degrees. There is no previous diagnostic reports noted and the previous therapy sessions were not noted. The physician requested treatment included Continue physical therapy 12 Sessions 2 times a week for 6 weeks to the left wrist and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue PT 12 Sessions 2x6: 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 Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the neck with radiation into the left shoulder and arm. The current request is for Continue PT 12 Sessions 2x6. The treating physician report dated 7/6/15 (10-11) states, "The patient will continue her functional restoration. The report goes on to note that the patient is continue at a frequency of 2 times a week for 6 weeks for the left wrist and shoulder. The report dated 10/21/14 (49B) states, "The patient is to continue the course of physical therapy and acupuncture treatment for the cervical spine, left shoulder and left wrist in a frequency of 3 times per week for a period of 6 weeks." The MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical report provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. The patient's status is not post-surgical. In this case, the patient has received at least 18 visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the current request does not specify a body part to be addressed during therapy and therefore does not satisfy the guidelines. The current request is not medically necessary.