

Case Number:	CM15-0164679		
Date Assigned:	09/02/2015	Date of Injury:	04/09/2012
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 4-9-12. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral shoulder impingement; lumbar sprain-strain; internal derangement knee not otherwise specified bilateral; cervical sprain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-3-15 indicated the injured worker was in the office for a follow-up examination. She reports worsening pain in her left hand with numbness and tingling in her fingers as well as decreased strength. She is still awaiting surgery to be approved for carpal tunnel syndrome. An AME report recommended physical therapy for her shoulders and if this therapy failed to improve her symptoms, she should consider surgery. On physical examination of the cervical spine, the provider documents spasm is present in the paraspinal muscles and there is tenderness to palpation. Sensory is reduced in her bilateral hands with restricted motion. Her bilateral cervical compression and Spurling's test are negative. There is tenderness to pressure over the bilateral shoulders with some limitations of range of motion. She has positive impingement sign bilaterally. The lumbar spine notes spasms in the paraspinal muscles with tenderness. She has limited range of motion. Her straight leg raise is positive bilaterally with normal heel-toe walking. Her treatment plan for this injured worker included a request for physical therapy for her bilateral shoulders. The provider is requesting authorization of Physical therapy 3x4 right shoulder, QTY: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 right shoulder, QTY: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for neck pain, low back pain, left knee pain, and bilateral shoulder, elbow, and wrist pain. Right shoulder surgery is being considered. When seen, there was decreased shoulder range of motion with tenderness. Shoulder impingement testing was positive bilaterally. Authorization for 12 sessions of physical therapy for the shoulders was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.