

Case Number:	CM15-0167434		
Date Assigned:	09/08/2015	Date of Injury:	01/08/2014
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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 36-year-old female, who sustained an industrial injury on 1/8/14. The injured worker has complaints of right shoulder pain, causing tingling under her right upper arm. The cervical spine examination reveals that range of motion remains painful upon extension, left rotation and right lateral flexion. There is a positive cervical compression right. The diagnoses have included mild to moderate brachial plexopathy, right. Treatment to date has included right shoulder arthroscopic repair and physical therapy. The request was for physical therapy 2 times a week for 5 weeks for the right shoulder.

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 5 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in January 2014 and is being treated for neck and right shoulder pain. An arthroscopic subacromial decompression and biceps tenodesis was done on 02/10/15. When seen, she had improved with post-operative physical therapy. There were increased symptoms with driving and she was having right upper arm tingling. Physical examination findings included pain with cervical range of motion with positive compression and Adson's testing. There were right scalene and sternocleidomastoid spasms. There was improved shoulder range of motion with positive Hawkings test and decreased strength. Her BMI is over 48. Additional physical therapy was requested. Case notes reference approval for 24 post-operative therapy treatments and the claimant had extensive physical therapy prior to surgery. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks and up to 12 treatment sessions over 10 weeks for the treatment of brachial neuritis. Concurrent treatments would be expected. The claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.