

Case Number:	CM15-0180429		
Date Assigned:	09/22/2015	Date of Injury:	10/25/2014
Decision Date:	10/26/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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: Family Practice

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 October 25, 2014. She reported injury to her head. She later developed pain in her elbows, shoulders, hands and feet along with complaints of fatigue. The injured worker was diagnosed as having cervical segmental dysfunction or somatic dysfunction, cervical brachial syndrome, brachial neuritis-radiculitis, lumbar segmental dysfunction, cervical disc degeneration and spondylosis. Treatment to date has included medications, chiropractic treatment with benefit, physical therapy for her elbows and diagnostic studies. On May 14, 2015, physical examination of the left shoulder revealed tenderness over the lateral epicondyle and pain with restricted wrist extension. Left shoulder range of motion included flexion 140 degrees, extension 0 degrees, supination 80 degrees and pronation 70 degrees. On August 5, 2015, the injured worker complained of vision changes, neck pain and right shoulder pain. Her neck pain radiates to her shoulders and back. She experiences tension in the left shoulder and stated that it feels it is in "a constant lock mode." Range of motion of the left shoulder was reported to be "limited." Treatment recommendations included physical therapy for shoulder hiking exercises and a follow-up visit. On August 31, 2015, utilization review denied a request for twelve initial outpatient physical therapy sessions at two per week for six weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial outpatient physical therapy for the left shoulder (shoulder hiking exercises) two sessions per week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Shoulder Complaints; Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is a recommended therapy; however, the MTUS guidelines comment on the number of sessions and the expectation that the patient will advance to a self-directed home exercise program. The specific physical therapy guidelines are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the number of treatment sessions exceeds the above-cited MTUS guidelines. Further, the medical records indicate that the patient has received prior physical therapy; however, it is unclear how many prior sessions the patient received and whether there was any measured benefit from these sessions. For these reasons, 12 sessions of physical therapy for the left shoulder is not considered as medically necessary.