

Case Number:	CM15-0182329		
Date Assigned:	09/23/2015	Date of Injury:	10/07/2013
Decision Date:	10/27/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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 49 year old female, who sustained an industrial injury on October 7, 2013. She reported bilateral shoulder pain. The injured worker was diagnosed as having carpal tunnel syndrome, cervical spondylosis without myelopathy, shoulder impingement, bicipital tenosynovitis, sprain of the shoulder, wrist and hand tenosynovitis, lumbar sprain, myofascial pain syndrome and likely osteoarthritis of the shoulder and CMC joints. Treatment to date has included diagnostic studies, injections to bilateral shoulders, chiropractic care, medications and work restrictions. Currently, the injured worker continues to report right shoulder pain and aching arm pain with associated cramping and aching in the right thumb and index finger. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. It was noted EMG on March 19, 2014, revealed bilateral carpal tunnel syndrome. Evaluation on August 4, 2015, revealed continued pain as noted. It was noted the condition was not improved since the previous visit. Physical therapy was continued. Evaluation on September 4, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst. It was noted Tinell's test was positive. There was noted tenderness to palpation of bilateral shoulders and decreased range of motion. The RFA included requests for Physical therapy 3 times a week for 6 weeks for the bilateral shoulder and neck and was non-certified on the utilization review (UR) on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the bilateral shoulder and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 (3) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in October 2013 and is being treated for chronic right shoulder pain. In July 2015, she was receiving therapy including strength and flexibility training. A continued home exercise program was recommended. On 08/04/15 an image guided right shoulder injection was performed. On 08/12/15, there had been some relief of symptoms on the right side and the injection was done on the left. When seen, there had been improvement after the injection. Physical examination findings included a body mass index over 43. There was mild to moderate pain with cervical rotation. Authorization is being requested for additional physical therapy after the injections. After a shoulder injection, guidelines recommend up to 1-2 therapy treatment sessions over 1 week, the claimant has already had physical therapy for this condition, and there is no new injury. 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. In this case, 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. The request is not considered medically necessary.