

Case Number:	CM15-0188901		
Date Assigned:	09/30/2015	Date of Injury:	10/23/2012
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, 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 50 year old female, who sustained an industrial injury on 10-23-12. Medical records indicate that the injured worker is undergoing treatment for an injury to the right shoulder, right shoulder impingement, right carpal tunnel syndrome and status-post decompression of the right brachial plexus and the right ulnar nerve (3-18-15). The injured workers current work status was not identified. On (8-18-15) the injured worker complained of right shoulder pain which increased with internal and external rotation of the right shoulder joint. The right shoulder was noted to have moved forward with associated swelling. Motor examination revealed 4+-5 strength of the right finger flexors and intrinsic muscles of the right hand. There was atrophy noted in the muscles of the right hand which were less obvious since the injured workers surgery. Sensation was diminished in the fourth and fifth fingers. Deep tendon reflexes were reduced in the right arm. A neck examination was not noted. Treatment and evaluation to date has included medications, urine drug screen, MRI of the right shoulder, electrodiagnostic studies and physical therapy (unspecified amount of sessions). The MRI of the right shoulder was noted to show shoulder impingement. Current medications include Vicodin, Mobic and Voltaren gel. Physical therapy notes were not provided for review. Current treatment requested includes continued physical therapy for the neck and right shoulder 2 times a week for 6 weeks. The Utilization Review documentation dated 9-18-15 non-certified the request for continued physical therapy to the neck and right shoulder 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy for the neck and right shoulder, twice a week for six weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: According to the guidelines, up to 24 visits of up to 4 months may be required for shoulder surgery. In this case, the claimant had undergone an unknown amount of therapy after brachial plexus decompression in March 2015. Response to therapy and progress notes were not provided. The request for an additional 12 sessions of therapy 6 months after surgery is not justified and not medically necessary.