

Case Number:	CM15-0193635		
Date Assigned:	10/07/2015	Date of Injury:	09/01/2006
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/01/2015

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 52-year-old female who sustained an industrial injury 09-01-06. A review of the medical records reveals the injured worker is undergoing treatment for bilateral shoulder impingement, bilateral hands carpal tunnel syndrome, psychological trauma and depression, internal medicine issues, cervical spine pathology with large disc herniation at C4-5, issues with migraine, pain management issues, and right hand triggering. Medical records (08-17-15) reveal the injured worker complains of pain in the left shoulder. The physical exam (08-17-15) reveals tenderness over the anterolateral aspect of the shoulder and at the acromioclavicular joint with positive impingement, painful range of motion, and pain on supraspinatus testing. Prior treatment includes right shoulder surgery, right carpal tunnel release, injections to the right trigger finger, right middle finger trigger release, and shoulder injections. The original utilization review (09-10-15) on certified the request for 12 sessions of physical therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in September 2006 as the result of a motor vehicle accident. In April 2015 she was having triggering of the right greater than left fingers. She was having ongoing left shoulder pain. There was left shoulder tenderness with decreased strength and decreased and painful range of motion and positive impingement testing. She was referred for physical therapy for her hands and wrists and a left shoulder MRI were requested. In August 2015 the MRI results were reviewed. There was tenderness with bursitis and acromioclavicular joint degeneration. A cortisone injection was offered and declined. She was referred for 12 sessions of physical therapy for rotator cuff impingement syndrome. In terms of physical therapy for rotator cuff impingement syndrome, guidelines recommend up to 10 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. Early transition to an independent home exercise program would be expected and could include use of TheraBands and a home pulley system for strengthening and range of motion. The request is not considered medically necessary.