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| Case Number: | CM15-0194027 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 03/18/2014 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old male, who sustained an industrial-work injury on 3-18-14. He reported initial complaints of neck, bilateral shoulder, right elbow, bilateral hand, and left wrist pain. The injured worker was diagnosed as having left shoulder arthritis with diffuse labrum tearing and calcific tendinitis, right shoulder rotator cuff tear, status post repair, and right hand pain and numbness. Treatment to date has included medication, physical therapy, and surgery. Currently, the injured worker complains of persistent pain in the neck at 6-7 out of 10, frequent and worse on the right side of the neck. It radiates down the right arm with weakness and pain, right shoulder pain is at 5-6 out of 10 and frequent, left shoulder is 6-7 out of 10 and frequent, right elbow is 6-7 out of 10 and frequent, left wrist and hand is at 8 out of 10 with right hand having numbness and constant. Pain is made better with therapy, rest, and medication and worse with weather and activities. He is currently working. Per the primary physician's progress report (PR-2) on 9-3-15, exam of the right shoulder notes healed portals, reduced range of motion, positive Hawkin's and Neer's test, tenderness in the subacromial space, strength at 4 out of 5. Exam of the left shoulder notes decreased range of motion, pain that radiates down with tenderness over the left forearm and hand. The right hand revealed slight weakness with grip strength. There is decreased sensation at C5 and C6. The Request for Authorization requested service to include Physical therapy 2 times a week for 6 weeks to the bilateral shoulders. The Utilization Review on 9-22-15 denied the request for Physical therapy 2 times a week for 6 weeks to the bilateral shoulders, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

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 6 weeks to the bilateral shoulders: Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders, and neck with radiation down the bilateral upper extremities. The current request is for Physical therapy 2 times week for 6 weeks to the bilateral shoulders. The treating physician report dated 8/27/15 (14B) states, "I would like to request authorization for the patient to have physical therapy two times a week for six weeks to the right shoulder to increase function and decrease pain." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 45 prior physical therapy sessions for the right shoulder. The patient is status post arthroscopic surgery of the right shoulder on 6/13/2014 and is no longer within the postsurgical treatment period as established by the MTUS-PSTG. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the patient has already established a home exercise program. The current request is not medically necessary.