

Case Number:	CM15-0196047		
Date Assigned:	10/09/2015	Date of Injury:	07/29/2015
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54 year old female, who sustained an industrial injury on July 29, 2015. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical sprain and strain, left shoulder tendonitis, left wrist tendonitis and left hand paresthesia. Treatment to date has included physical therapy and medication. On August 6, 2015, the injured worker complained of neck and left upper extremity pain. The pain was rated as a 9 on a 1-10 pain scale. Physical examination of the cervical spine revealed moderate tenderness to palpation over the left trapezius. There was full range of motion at extremes. Physical examination of the left shoulder revealed tenderness to palpation over the anterior and posterior aspects. Full range of motion was noted with pain. The treatment plan included continuation of physical therapy, medication and a follow-up visit. On September 17, 2015, utilization review denied a request for six additional physical therapy for cervical, left shoulder and left wrist at two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, cervical/ left shoulder/left wrist, 2 times weekly for 3 weeks, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Rotator cuff syndrome/impingement syndrome; Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Physical therapy; Official Disability Guidelines: Forearm Wrist & Hand (Acute & Chronic) - Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy Shoulder section, Physical therapy Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy cervical, left shoulder, left wrist two times per week times three weeks (six sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical sprain strain; shoulder tendinitis left; wrist tendinitis left; and left hand paresthesia. Date of injury is July 29, 2015. Request for authorization is dated September 12, 2015. There is a single progress note in the medical record dated August 6, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization (September 12, 2015). According to the August 6, 2015 progress notes, the injured worker is starting physical therapy. Subjective complaints include neck and left upper extremity pain. Objectively, there is cervical tenderness with tenderness at the trapezius. Range of motion is full. Left shoulder is tender to palpation. There are no contemporaneous progress notes on about the date of request for authorization. There are no physical therapy progress notes demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is warranted. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement from prior (first set of 8 physical therapy sessions) and no contemporaneous clinical documentation with a clinical indication or rationale for additional physical therapy, additional physical therapy cervical, left shoulder, left wrist two times per week times three weeks (six sessions) is not medically necessary.