

Case Number:	CM15-0201196		
Date Assigned:	10/16/2015	Date of Injury:	07/27/2012
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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: North Carolina

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 41-year-old female, who sustained an industrial injury on 7-27-2012. A review of the medical records indicates that the injured worker is undergoing treatment for bicipital tenosynovitis, shoulder pain, hand pain, and wrist pain. On 7-8-2015, the injured worker reported chronic pain in the right shoulder. The Primary Treating Physician's report dated 9-2-2015, noted the injured worker's shoulder the same taking two to three Norco per day for pain control. The physical examination was noted to show diffuse pain with any movement, tenderness over the right trapezius and pain over the left shoulder. Prior treatments have included 12-12-2014 right carpal tunnel release, 12 sessions of postoperative physical therapy noted to have reduced the need for oral pain medications and increased her functional capacity, occupational therapy, Naproxen, Tramadol, and ice-heat. The treatment plan was noted to include refill of the Norco, a pain specialist to help with the injured worker's pain, and physical therapy to improve her function. The injured worker's work status was noted to be temporarily very disabled. The documentation provided did not include any physical therapy progress notes. The request for authorization dated 9-11-2015, requested physical therapy 2x6 to the right shoulder. The Utilization Review (UR) dated 9-18-2015, denied the request for physical therapy 2x6 to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.