

Case Number:	CM15-0201326		
Date Assigned:	10/16/2015	Date of Injury:	06/16/2012
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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 56 year old female who sustained an industrial injury 06-16-12. A review of the medical records reveals the injured worker is undergoing treatment for left shoulder and right hand pain. Medical records (08-18-15) reveal the injured worker reports persistent right shoulder and upper extremity pain. Also bothering her were her left shoulder and right thumb. The right shoulder pain is rated at 4/10, and the left shoulder at 5/10. The physical exam (08-18-15) reveals limited range of motion of the bilateral shoulders, and decreased left arm strength as compared to the right via a dynamometer. The right thumb has painful range of motion and tenderness. Prior treatment includes an unknown number of physical therapy sessions. The original utilization review (09-18-15) non-certified the request for 8 additional physical therapy sessions to the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 Bilateral Shoulders: Overturned

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. The current request is for PT 2x4 Bilateral Shoulders. The treating physician states in the report dated 8/18/15, "Physical Therapy 2 times a week for 4 weeks for bilateral shoulders. The patient continues to have persistent pain and is interested in non-invasive treatment at the time, so that she can perform the exercises at home." (31C) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the patient previously had surgery in 2013 and is trying to avoid additional surgery. There is no documentation of any recent physical therapy performed. The current request is medically necessary.