

Case Number:	CM15-0203965		
Date Assigned:	10/20/2015	Date of Injury:	04/25/2012
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/16/2015

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 04-25-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, left sided DeQuervain's disease, bilateral impingement syndrome status post left shoulder arthroscopic acromioplasty and distal claviclectomy, bilateral adhesive capsulitis, bilateral brachial neuritis, bilateral elbow contracture, and bilateral cubital tunnel syndrome. Treatment and diagnostics to date has included left shoulder surgery, physical therapy (visit #30 on 07-29-2015 for the left shoulder), wrist splints, and medications. Recent medications have included Prilosec, Anaprox DS, Gabapentin, Venlafaxine, Amitriptyline, Norco, and Terocin. Subjective data (09-18-2015 and 09-25-2015), included left shoulder, left wrist, left elbow, and right shoulder pain. Objective findings (09-25-2015) included tenderness to palpation to left elbow antecubital region with limited range of motion secondary to pain. The request for authorization dated 09-22-2015 requested physical therapy for the right shoulder x 8. The Utilization Review with a decision date of 10-06-2015 denied the request for physical therapy for the right shoulder twice weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder twice weekly, QTY: 8.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right shoulder two times per week for eight 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 relevant working diagnoses are adhesive capsulitis bilateral; brachial neuritis bilateral; contractor elbow bilateral; and cubital, syndrome bilateral. For additional diagnoses see the progress note dated September 18, 2015. The date of injury is April 25, 2012. Request for authorization is dated September 22, 2015. According to a September 18, 2015 progress note, subjective complaints include bilateral shoulder pain ongoing. The injured worker is status post bilateral shoulder arthroscopy. The worker received postoperative physical therapy to both shoulders. The documentation indicates the injured worker received 32 postoperative physical therapy sessions to the lefty shoulder since November 25, 2014. The total number of physical therapy sessions designated and rendered to the right shoulder is not specified in the medical record. There are no physical therapy progress notes referencing the right shoulder. There was no documentation demonstrating objective functional improvement. Additionally, there is no physical examination of the right shoulder in the progress note documentation. There are no compelling clinical facts indicating additional physical therapy to the right shoulder is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to the right shoulder, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy to the right shoulder two times per week for eight sessions is not medically necessary.