

Case Number:	CM15-0205226		
Date Assigned:	11/10/2015	Date of Injury:	06/03/2010
Decision Date:	12/29/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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 60 year old female with a date of injury on 06-03-2010. The injured worker is undergoing treatment for cervical spine, trapezius strain-sprain with bilateral upper extremity radiculitis, and bilateral shoulder strain, tendinitis, and impingement with a history of right shoulder arthroscopy. She has a comorbid diagnosis of hypertension. On a physician note dated 06-22-2015 the injured worker is having an acute flare of her pain. A physician progress note dated 09-17-2015 documents the injured worker complains of neck pain that goes into her right arm. She rates her pain as 6 out of 10. She has bilateral shoulder pain. There is tenderness to palpation to her cervical spine, and she has a positive shoulder depression and axial compression. She is not interested in invasive treatment at this time. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, status post right shoulder scope, and past chiropractic sessions in 2013. An unofficial x ray done on 06-22-2015 reveals bilateral shoulder periscapular strain-tendinitis-impingement with a history of right shoulder arthroscopy and minimal acromio-clavicular joint osteoarthritis. Current medications include Tramadol. On 09-30-2015 Utilization Review non-certified the request for Physical therapy (x 6)

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (x 6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with recent complaints of neck pain that goes into her right arm as well as bilateral shoulder pain. The current request is for Physical Therapy (x 6). The IMR application does not denote which injury or body part is to be address via the proposed physical therapy. However, the treating physician states in the fairly legible treating report dated 9/17/15 (15B), "RFA PT treatment 2x3 directed to bilateral shoulder to decrease med use, pain, spasm, increase motion and ADLs." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy." In this case, the clinical reports provided indicated that physical therapy sessions have been completed in the past; however, the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. Additionally, the clinical records reviewed do not provide documentation as to why a full independent home exercise program has not been established. Therefore, the current request is not medically necessary.