

Case Number:	CM15-0205704		
Date Assigned:	10/22/2015	Date of Injury:	07/23/2014
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
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 53 year old female who sustained an industrial injury July 23, 2014. Past history included breast cancer with surgery and right wrist surgery (unspecified). Past treatment included heat treatment, massage therapy, and physical therapy. According to a secondary treating orthopedic consultation dated June 8, 2015, the injured worker presented with complaints of constant headaches, neck pain, and pain in the shoulders, upper arms, forearms, elbows, wrists and hands, rated 5 out of 10, associated with weakness and numbness. Physical examination revealed; right shoulder-tenderness over the deltoid complex, Neer's and Hawkins-Kennedy positive, 3 out of 5 strength noted with flexion, extension, abduction, adduction, internal and external rotation, range of motion restricted due to pain. Diagnosis is documented as right shoulder derangement. Treatment plan included recommendation for an MRI of the right shoulder. On August 12, 2015, there is a request for a right shoulder stellate block. There is only one page available and it is unclear if this procedure was performed due to lack of documentation. At issue, is a request for authorization for physical therapy. According to utilization review dated October 19, 2015, the request for Physical Therapy for the right upper extremity (shoulder) 3 x 4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right upper extremity (shoulder) 3x4 weeks: 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 rationale: The patient presents with headaches, neck, shoulders, upper arms, forearms, elbow, wrists and hand pain. The current request is for Physical therapy for the right upper extremity (shoulder) 3x4 weeks. No progress reports were provided for review. However, the utilization review report dated 10/19/2015 (4A) notes, "Prior treatments included medications. It was noted that the patient had physical therapy (PT) sessions. The objective response to therapy treatments were not documented on the medical reports submitted for this request." It does not appear that the patient is post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. MTUS page 8 also states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case, given the lack of documented functional improvement while utilizing physical therapy, continued treatment is not supported by the guidelines. Furthermore, the requested 12 sessions exceed the MTUS recommended 10 visits. The current request is not medically necessary.