MAXIMUS Federal Services

Case Number:	CM15-0208297		
Date Assigned:	10/27/2015	Date of Injury:	03/31/1996
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 who sustained an industrial injury on March 31, 2015. The worker is being treated for: after surgery care of the musculoskeletal system, left shoulder arthroplasty and bilateral carpal tunnel release; rotator cuff syndrome, right; recurrent CTS median nerve entrapment to bilateral wrists and tendinitis, bursitis of hands. Subjective: April 16, 2015, August 20, 2015 she reported complaint of bilateral shoulder, wrists and hands with pain. Objective: April 16, 2015, August 20, 2015 noted shoulders with 2 plus spasm and tenderness to the right rotator cuff muscles and right upper shoulder area and one plus spasm and tenderness to the left rotator cuff muscles and left upper shoulder muscles: speeds test noted positive bilaterally; supraspinatus positive on right along with Neer's, right. The wrists and hands were noted with three plus spasm and tenderness anterior wrists; positive Tinel's, and Phalen's bilaterally. Medications: August 20, 2015: Tylenol #3 with denial, prescribed Ultram. Treatments: pending right shoulder surgery, 10 session's work hardening and conditioning denied, requested FRP. On August 20, 2015 a request was made for 6 visits physical medicine treating bilateral shoulder that was non-certified by Utilization Review on October 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine 6 visits, Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical Therapy.

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

Decision rationale: The records indicate the patient has persistent pain in both shoulders. The current request for consideration is physical medicine 6 visits, bilateral shoulders. The attending physician report dated 8/20/15; page (19b), requests 6 physical therapy visits to reduce her pain and also requested a cortisone injection in the right shoulder. The CA MTUS does recommend physical therapy for shoulder injuries and makes the following recommendations: The 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. For Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the attending physician does not identify how many previous physical therapy sessions the patient has already completed. The attending physician does note that the patient has attempted a work hardening program, which was not helpful. He also agrees that the patient requires surgery, but states that it was not authorized, as the patient had not had three months of physical therapy and shoulder injections. The attending physician recites the ACOEM guidelines, which state that extension of physical therapy beyond the initial visits is dependent upon showing functional improvement. The attending physician has not provided any documentation to indicate that the patient has improved at all with the previous physical therapy. Furthermore, the objective examination findings do not specify any type of functional limitations at the time of the 8/20/15 progress report and request for 6 visits. While the patient may be a candidate for additional physical therapy, the current request is not supported by the available documentation. More information is necessary to determine if additional physical therapy is necessary at this time. As such, the request for physical therapy 6 visits, bilateral shoulder is not medically necessary.