

Case Number:	CM15-0209429		
Date Assigned:	10/28/2015	Date of Injury:	09/19/2011
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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 49 year old female, who sustained an industrial injury on September 19, 2011, incurring neck and right shoulder injuries. She was diagnosed with a cervical spine strain and a right shoulder full thickness rotator cuff tear. She underwent a right shoulder arthroscopy, decompression and rotator cuff repair. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, physical therapy, activity restrictions and work modifications. Currently, the injured worker complained of increased low back pain radiating to the hips and increased neck pain with burning into the left shoulder and right shoulder with stiffness aggravated with prolonged activities or movements. She rated her pain 8 to 9 out of 10 on a pain scale from 0 to 10. She noted persistent left and right hands and wrists pain and bilateral hand and ankle pain. She was diagnosed with bilateral carpal tunnel syndrome. The chronic pain disorder interfered with the injured worker's activities of daily living including sleep difficulty, headaches, anxiety and depression. The treatment plan that was requested for authorization included physical therapy twice a week for six weeks for the right shoulder, wrist, hand and lumbar spine. On October 5, 2015, a request for physical therapy was modified to a total four sessions of physical therapy by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks for the Right Shoulder/Wrist/Hand/Lumbar: 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 increased low back pain radiating to the hips and increased neck pain with burning into the left shoulder and right shoulder with stiffness aggravated with prolonged activities or movements. The current request is for Physical Therapy 2xWk x 6Wks for the right shoulder/wrist/hand/lumbar. The treating physician states, in an IMR report dated 10/05/15, "Physical Therapy 2xWk x 6Wks for the right shoulder/wrist/hand/lumbar." The MTUS guidelines provide a total of 8-10 sessions for patients with myalgia and neuritis type symptoms and then the patient is expected to continue on with a home exercise program. In this case, the treating physician has prescribed treatment in excess of the MTUS guidelines and there is no documentation to support treatment in excess of the guideline recommendations. The current request is not medically necessary.