

Case Number:	CM15-0022012		
Date Assigned:	02/11/2015	Date of Injury:	11/01/2013
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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 November 1, 2013. She has reported right shoulder, neck, bilateral wrists, and right elbow pain. The diagnoses have included cervical disc disease with right upper extremity radiculopathy, right elbow tendonitis, and right shoulder impingement syndrome. Treatment to date has included medications, home exercise program, cortisone injection, and radiological imaging. Currently, the IW complains of continued tingling in the fingers with on and off numbness in the middle of the night following increased use. Physical findings note there is no evidence of radiculopathy, myelopathy or peripheral nerve issues. The left shoulder shows no significant deltoid atrophy, and no evidence of scapulothoracic dyskinesia or winging of the scapula. Neer and Hawkin's testing was positive. Cross arm abduction testing is negative. Range of motion on forward flexion is 175 degrees, external rotation 90 degrees, and abduction was 175 degrees. She is noted to be on modified duty work status. The Utilization Review indicates she had previously been certified for physical therapy and the records do not indicate completion of any physical therapy. The records indicate as of September On January 23, 2015 Utilization Review non-certified physical therapy two times weekly for four weeks for the left shoulder. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of physical therapy two times weekly for four weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 4 Weeks To The Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the right shoulder, neck, right elbow, and bilateral wrist. The current request is for Physical Therapy 2 Times A Week for 4 Weeks To The Left Shoulder. The requesting treating physician report was not found in the documents provided. A report dated 10/2/14 (52B) shows there is no discussion of any left shoulder pain or discomfort. The report goes on to state, "At this time I am recommending that the patient undergo the physical therapy on her right shoulder." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. Medical reports provided show that the patient has received 8 previous PT sessions for her right shoulder. In this case, the most recent treating physicians report provided for review was dated 10/2/14 and included no discussion of any left shoulder pain or diagnoses. The current request for 8 sessions of physical therapy is within the MTUS guidelines of 8-10 visits but there is no documentation of any symptoms related to the left shoulder in any of the medical reports provide for review. Recommendation is for denial.