

Case Number:	CM15-0211301		
Date Assigned:	10/30/2015	Date of Injury:	08/28/2007
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female who sustained an industrial injury on 8-28-07. The injured worker reported pain in the neck and right shoulder. A review of the medical records indicates that the injured worker is undergoing treatments for right brachial plexopathy and partial rotator cuff tear right shoulder. Medical records dated 9-15-15 indicate right shoulder pain. Provider documentation dated 7-10-15 noted the work status as on temporary disability. Treatment has included Naprosyn since at least March of 2015, Ultram since at least March of 2015, Neurontin since at least March of 2015, radiographic studies, at least 15 sessions of therapy, right upper extremity magnetic resonance imaging, electrodiagnostic studies, status post thoracic outlet surgery, Flector patch since at least May of 2015, Anaprox since at least May of 2015, Tylenol-Codeine since at least May of 2015. Objective findings dated 9-15-15 were notable for "substantial improvement in mood as well as neck and shoulder range of motion with some mild residual." The original utilization review (10-7-15) denied a request for Additional physical therapy x6 over 1 month right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x6 over 1 month right shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2007 when she was reaching for a heavy box from an overhead shelf in the box started to fall. A few days later she had sharp right palm pain radiating to her right arm and shoulder with swelling. She underwent thoracic outlet surgery in May 2014. A right carpal tunnel release was done in July 2015. In August 2015, she had noted a decrease in symptoms. There was tenderness over the surgical site, which was healing well. She had good range of motion. She was referred for 12 sessions of occupational therapy. The requesting provider saw her on 09/15/15. She was continuing to show substantial improvement after the thoracic outlet surgery. She had residual pain. She was requesting additional physical therapy sessions. She was noted to be attending hand therapy after her recent right carpal tunnel surgery. Physical examination findings included substantial improvement in mood. She had improved neck and shoulder range of motion with mild residual. An additional six physical therapy treatment sessions were requested. After the thoracic outlet surgery performed, guidelines recommend up to 20 visits over 10 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the postsurgical physical medicine period has been exceeded and the claimant is being treated under the chronic pain treatment guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program or determining whether additional physical therapy was needed or likely to be effective. Although the claimant recently underwent a carpal tunnel release and is receiving therapy treatments, concurrent treatments for these conditions would not be expected. The request is considered medically necessary.