

Case Number:	CM15-0214452		
Date Assigned:	11/04/2015	Date of Injury:	08/07/2012
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old female who sustained an industrial injury on 8-7-12. The injured worker reported bilateral shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in joint shoulder and carpal tunnel syndrome. Medical records dated May of 2015 indicate pain rated at 8-9 out of 10. Provider documentation dated May of 2015 noted the work status as "no repetitive use right upper extremity". Treatment has included right shoulder MR arthrogram study (8-20-15), radiographic studies, status post right carpal tunnel release, Flexeril, Lidoderm patch, and elbow brace. Objective findings dated May of 2015 were notable for reduced right shoulder extension and adduction, positive right shoulder impingement sign, right shoulder greater tuberosity with tenderness. The original utilization review (10-2-15) denied a request for Physical therapy evaluation in house 2x6 for the right shoulder (Therapeutic exercises, Manual Therapy, Electrical stimulation, Ultrasound).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation in house 2x6 for the right shoulder (Therapeutic exercises, Manual Therapy, Electrical stimulation, Ultrasound): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy evaluation in-house two times per week times six weeks to the right shoulder (therapeutic exercise, manual therapy, electric stimulation and ultrasound) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. In this case, the injured worker's working diagnoses are pain in joint shoulder; carpal tunnel syndrome; non-traumatic complete rupture; and disturbance skin sensation. Date of injury is August 7, 2012. Request for authorization is September 29, 2015. The most recent progress note in the medical record is dated May 1, 2015. The injured worker underwent right shoulder arthroscopy June 27, 2015. There are no post procedural/operative progress notes in the medical record. There are no contemporaneous post procedural progress notes on or about the date of request for authorization in the record. The utilization reviewer had access to a September 15, 2015 progress note. There was a peer-to-peer conference between the utilization reviewer and the treating provider. The injured worker completed 6 out of 12 authorized physical therapy sessions for the postoperative period. The request for an additional 12 sessions was premature. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and a premature request for an additional 12 physical therapy sessions (peer-to-peer conference), physical therapy evaluation in-house two times per week times six weeks to the right shoulder (therapeutic exercise, manual therapy, electric stimulation and ultrasound) is not medically necessary.