

Case Number:	CM15-0217475		
Date Assigned:	11/09/2015	Date of Injury:	05/16/2012
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/04/2015

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
 Certification(s)/Specialty: Emergency 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 43 year old female who sustained an industrial injury on 05-16-2012. According to an initial evaluation report dated 08-05-2015, the injured worker reported neck pain, neck stiffness, frequent headaches, right shoulder pain with restricted movement, clicking and grinding sensation and right gluteal pain with right leg radiating symptoms with numbness, tingling and weakness. She was temporary totally disabled. Treatment to date has included medications, physical therapy, and shockwave treatment of the right shoulder. According to a supplemental report dated 09-04-2015, the injured worker had no significant clinical change since the last evaluation. There was an outstanding request for therapy and piriformis ultrasound. Gait was antalgic. There was diffuse cervical spine tenderness and right shoulder tenderness with restricted right shoulder range of motion. There was mild right upper extremity weakness. There was prominent right piriformis tenderness, piriformis Tinel and positive FAIR test. There was referred back pain with straight leg raise and lower extremity weakness. Diagnostic impression included posttraumatic right piriformis syndrome with right leg non-disc sciatica, residual right shoulder rotator cuff injury, cervical spine sprain strain, scoliosis and chronic pain syndrome. There was an outstanding request for 12 sessions of physical therapy for the right shoulder internal derangement, right piriformis syndrome. The treatment plan also included diagnostic soft tissue ultrasound examination of the right piriformis, low dose Tramadol, Mobic and psychological evaluation for pain syndrome and depressive symptoms. Work status included semi-sedentary duties without repetitive reaching at or above right shoulder level. On 10-23-

2015, Utilization Review modified the request for twelve (12) sessions of physical therapy for the right shoulder internal derangement and right piriformis syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy for the right shoulder internal derangement and right piriformis syndrome: 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 requested twelve (12) sessions of physical therapy for the right shoulder internal derangement and right piriformis syndrome, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck pain, neck stiffness, frequent headaches, right shoulder pain with restricted movement, clicking and grinding sensation and right gluteal pain with right leg radiating symptoms with numbness, tingling and weakness. The treating physician has documented diffuse cervical spine tenderness and right shoulder tenderness with restricted right shoulder range of motion. There was mild right upper extremity weakness. There was prominent right piriformis tenderness, piriformis Tinel and positive FAIR test. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, twelve (12) sessions of physical therapy for the right shoulder internal derangement and right piriformis syndrome is not medically necessary.