

Case Number:	CM15-0224693		
Date Assigned:	11/23/2015	Date of Injury:	08/04/2013
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 August 4, 2013. The injured worker was currently diagnosed as having left shoulder sprain and strain rule out tendinitis-impingement-rotator cuff tear-internal derangement, left wrist sprain and strain rule out internal derangement and left hand sprain and strain-carpal tunnel syndrome. On October 9, 2015, the injured worker was noted to be status post carpal tunnel release from March 28, 2015. She stated that the pain in her left hand was present but to a lesser degree. Physical therapy was noted to help reduce the pain and symptoms. She had pain in her neck that goes to her head causing headaches and complained of numbness in the left arm stemming from her neck. Physical examination revealed tenderness of the rotator cuff muscles, greater tuberosities, supraspinatus and infraspinatus on the left. There was a positive impingement sign on the left. The treatment plan included ultrasound guided corticosteroid injection to the left shoulder, epidural injection at C5-6 and C6-7 levels, physiotherapy, acupuncture, medication and a follow-up visit. On November 5, 2015, utilization review denied a request for twelve visits of physiotherapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy left shoulder - 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Shoulder (Acute and Chronic) Physical Therapy Online Version updated 10/26/15.

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

Decision rationale: Physiotherapy left shoulder: 12 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior left shoulder PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior PT. Without clarification of this information, the request for physical therapy for the left shoulder is not medically necessary.