

Case Number:	CM15-0033201		
Date Assigned:	02/26/2015	Date of Injury:	03/03/2010
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 55 year old female, who sustained an industrial injury on 3/3/2010. She reports a crushing right hand injury with pain in the right hand, arm and shoulder. Diagnoses include finger laceration requiring stitches, carpal tunnel syndrome, shoulder impingement syndrome and radial styloid tenosynovitis. Treatments to date include physical therapy and medications. A progress note from the treating provider dated 1/10/2014 indicates the injured worker reported right wrist and right shoulder pain. On 1/23/2015, Utilization Review non-certified the request for 6 additional physical therapy visits to the right shoulder, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient continued physical therapy (PT) to right shoulder two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures; Physical Medicine Page(s): 48; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: The patient presents with pain and weakness in her shoulder and right upper extremity. The request is for OUTPATIENT CONTINUED 6 SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT SHOULDER. The patient is currently working with modified duty. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The review of the reports indicates that the patient has had 5 or 6 physical therapy for the wrist "with decreased pain and increased range of motion." The treater requests for therapy because "the patient has never had therapy for the right shoulder. [The treater] believes that the therapy will help to reduce the patient's pain by maintaining her shoulder girdle musculature." The patient has had 5 or 6 sessions recently, and additional 6 sessions would exceed what is allowed by MTUS for this kind of condition. The patient should transition into a home exercise program. The request IS NOT medically necessary.