

Case Number:	CM15-0035041		
Date Assigned:	03/03/2015	Date of Injury:	01/27/2014
Decision Date:	04/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/24/2015

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, Hawaii
 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 50 year old male, who sustained an industrial injury on 01/27/2014. On provider visit dated 12/29/2004 the injured worker has reported left shoulder and wrist pain that radiates to the neck, the pain is associated with weakness, numbness and swelling. Right hand pain that is associated with weakness and numbness radiates to shoulder. The diagnoses have included left shoulder derangement and bilateral hand/wrist derangement. Treatment to date has included 5 sessions of physical therapy, medication MRI's, injections and electromyogram and never conduction velocity studies. On examination he was noted to have a decreased range of motion of left shoulder as well as tenderness and spasm over the supraspinatus complex. Tenderness over deltoid complex and acromioclavicular joint. Positive Neer's and Apprehension test were noted. Wrist ere noted to have tenderness over the dorsal and palmer aspect, Phalen's and Tinel's sign was positive. On 02/23/2015 Utilization Review non-certified Physical therapy for left shoulder (3x4); 12 sessions. The CA MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left shoulder (3x4); 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient continues to complain of left shoulder and wrist pain with associated weakness, numbness and swelling. The current request is for Physical Therapy for the Left Shoulder (3x4): 12 sessions. The MTUS guidelines allow 8-10 therapy visits for myalgia/myositis and neuritis/radiculitis. In this case, there is a request for 12 sessions; the utilization review indicates 12 sessions have already been provided. The current request for 12 sessions exceeds what MTUS allows for this type of condition. There has been no documentation of functional improvement from physical therapy to date. Furthermore, there is no documentation to address the need for additional physical therapy beyond independent home exercise. As such, recommendation is for denial.