

Case Number:	CM15-0038671		
Date Assigned:	03/09/2015	Date of Injury:	08/19/2013
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 55-year-old female injured worker suffered an industrial injury on 8/19/2013. The diagnoses were residual right shoulder bursitis, right epicondylitis and right wrist/hand tendon tenosynovitis. The diagnostic study was right shoulder magnetic resonance imaging. The treatments were right shoulder arthroscopy, medications and physical therapy. The treating provider reported continued right shoulder pain 6/10. On exam, there was reduced range of motion to the right shoulder with spasms of the upper back with tenderness of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with right shoulder, right elbow and right wrist pain. The request is for

PHYSICAL THERAPY, 2 TIMES WEEKLY FOR 4 WEEKS. The patient is status post right shoulder surgery, February 2014. RFA not provided. Patient's diagnosis on 01/19/15 includes residual right shoulder subacromial bursitis, mild to moderate, status post right shoulder injury with surgical intervention for right shoulder; right elbow lateral epicondylitis; and right wrist and hand flexor tendon tenosynovitis. Patient's medications include Tylenol#3, Atenolol, Ibuprofen, Pantoprazole, and Cyclobenzaprine. Patient is to continue with TENS. Patient is temporarily totally disabled, per treater report dated 01/19/15. MTUS guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks for patients who have undergone RC repair/acromioplasty. The post-surgical time frame is 6 months. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Patient's right shoulder surgery was in February 2014. RFA is not available, thus the utilization review date of 02/19/15 was referenced. The patient is no longer within 6-month postoperative treatment period. Given patient's postoperative status and diagnosis, a short course of physical therapy would be indicated. However, per UR letter dated 02/19/15, "the patient has completed 24 physical therapy visits." In this case, treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Furthermore, the request for additional 8 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.