

Case Number:	CM15-0040141		
Date Assigned:	03/10/2015	Date of Injury:	04/08/2004
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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 29-year-old female, who sustained an industrial injury on 4/8/04. The injured worker has complaints of achiness in her right upper extremity, neck and right shoulder area. Examination demonstrated diffuse pain and tenderness in the trapezius area with limited range of motion of the right shoulder with a positive Adson maneuver. The diagnoses have included possible thoracic outlet syndrome, right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy to the left upper extremity, 3 times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Shoulder; Table 3, Summary of Recommendations, Shoulder Disorders.

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

Decision rationale: The sole recent report provided is dated 01/23/15 and states that the patient presents with achiness in the right upper extremity, neck and right shoulder area with tenderness

and diffuse pain in the trapezius area and limited range of motion of the right shoulder. The current request is for 12 physical therapy to the left upper extremity 3 times 4. The RFA included is dated 02/05/15. MTUS 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. There is no evidence the patient is within a post-surgical treatment period. In this case, the reports provided for review document the patient's right shoulder and right upper extremity complaints. The request as presented is for the LEFT upper extremity. Furthermore, non post-surgical treatment allowed by the MTUS guidelines is 8-10 sessions and this request is for 12 sessions. Lacking clinical evidence of needed treatment for the left upper extremity and recommendation by guidelines, the request IS NOT medically necessary.