

Case Number:	CM15-0048315		
Date Assigned:	03/20/2015	Date of Injury:	06/14/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 06/14/2011. She reported that she sustained an injury to the right shoulder while reaching for supplies out of a cabinet and also sustained an injury to the left shoulder secondary to compensate for the right shoulder. The injured worker was diagnosed as having chronic bilateral shoulder pain, status post rotator cuff repair, status post left shoulder labral repair, chronic right wrist pain, status post right carpal tunnel decompression, carpometacarpal (CMC) joint of the right thumb with chronic synovitis, and left wrist ganglion cyst. Treatment to date has included medication regimen and above listed procedures. In a progress note dated 02/17/2015 the treating provider reports complaints of sharp, burning pain to the bilateral shoulders and the right wrist with a pain rating of a seven out of ten. The treating physician also noted tenderness upon palpation to the anterior and lateral shoulders with the tenderness worse on the left. On 02/17/2015, treating physician requested six sessions of physical therapy for an exacerbation of pain to the left shoulder. The medical records provided did not contain documentation requesting eight sessions of physical therapy for the shoulder and the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the shoulder and hand Qty. 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic bilateral shoulder and wrist pain. The claimant is applying for disability. Treatments have included bilateral shoulder arthroscopic surgery. In addition to physical therapy, a functional capacity evaluation was requested. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.