

Case Number:	CM15-0057938		
Date Assigned:	04/02/2015	Date of Injury:	06/02/2007
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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 52 year old female, who sustained an industrial injury on June 2, 2007. The diagnoses have included tendonitis of the shoulder, ganglion of joint, ankle sprain/strain and right carpal tunnel syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, right shoulder surgery and right wrist ganglion excision. Current documentation dated January 26, 2015 notes that the injured worker reported discomfort of the bilateral elbows and pain in the left shoulder radiating down the left arm. She also noted her right foot felt stiff and weak. Physical examination of the left shoulder revealed it to be non-tender to palpation. Range of motion was noted to be painful and decreased. The treating physician's plan of care included a request for physical therapy to the left shoulder # 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 85, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with left shoulder pain extending down to the left arm per 01/26/15 report. The request is for physical therapy 2x3 for the left shoulder on 02/23/15 per utilization review letter dated 03/06/15. RFA is not available. The patient is working with restrictions per 02/23/15 report. MTUS pages 98 and 99 have the following: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. "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." Review of provided reports does not show any prior physical therapy for the left shoulder. MRI of the left shoulder dated 02/06/15 revealed "minimal degenerative changes of the left acromioclavicular joint without otherwise acute bony MR abnormality of the left shoulder." In this case, there is no rationale provided for the requested therapy. The requesting physician provided only two treatment reports and one of them is incomplete. The injury date is 8 years ago. There is no documentation of a recent flare-up or decline in function requiring formalized therapy. None of reports explain why the patient is unable to establish a home exercise program to manage pain. The request IS NOT medically necessary.