

Case Number:	CM15-0082208		
Date Assigned:	05/04/2015	Date of Injury:	02/27/2013
Decision Date:	06/03/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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/work injury on 2/27/13. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having cervical strain, bursitis of right shoulder, and bilateral carpal tunnel syndrome. Treatment to date has included medication and diagnostics. MRI results were reported on 3/5/15. Currently, the injured worker complains of ongoing right shoulder pain even with ergonomic changes at work. Per the primary physician's progress report (PR-2) on 2/24/15, there was pain with extension and rotation of the cervical spine, right shoulder tenderness and painful crepitus, decreased sensation of both hands. The requested treatments include physical therapy for the shoulder, wrist, and the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 week, for the Shoulder, Wrist, and the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Procedure, Online Version, Carpal Tunnel Syndrome, Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Forearm, wrist and hand section, and Neck section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the shoulder, wrist and cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are pain in the joint shoulder; other affectations shoulder; and carpal tunnel syndrome. In a February 24, 2015 progress note, the subjective complaints state follow-up right shoulder; patient working with a new desk; taking Norflex at night with benefit. There are no specific complaints noted in the record. Objectively, the right shoulder has painful crepitus; bilateral hands have decreased sensation in the median nerve distribution; and the cervical spine has pain with extension and rotation. There are no specific objective findings in the right shoulder or cervical spine. Medical record contains 85 pages. There are no physical therapy progress notes documented in the medical record. There is no documentation of functional improvement in progress notes based on prior physical therapy. The utilization review indicates the injured worker received at least 24 physical therapy sessions to the shoulder, wrist and cervical spine. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with prior physical therapy progress notes, evidence of objective functional improvement (with prior therapy) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times per week times four weeks to the shoulder, wrist and cervical spine is not medically necessary.