

Case Number:	CM15-0082952		
Date Assigned:	05/05/2015	Date of Injury:	04/07/2011
Decision Date:	06/03/2015	UR Denial Date:	04/22/2015
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

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 58-year-old female patient who sustained an industrial injury on 04/07/2011. A primary treating office visit dated 12/02/2014 reported the patient having had undergone a course of physical therapy, oral analgesics. She also had magnetic resonance imaging, radiography study and nerve conduction study performed. She is currently working. She is taking over the counter [REDACTED]. The patient has a surgical history of bilateral carpal tunnel 2002, wrist in 2007. She does participate in home exercise and stretching program. She is with current subjective complaint of continuous aching and pain in the shoulders with radiating pain into bilateral sides of neck. She is also with complaint of bilateral hands/wrists, and left hip pain. The impression noted chronic symptomatic bilateral shoulder impingement syndrome, rule out rotator cuff tear; chronic symptomatic bilateral carpal tunnel syndrome, and chronic symptomatic left hip trochanteric bursitis. She did undergo recent nerve conduction study on 01/26/2015. A more recent primary treating office visit dated 01/13/2015 reported the patient's current complaints as with persistent bilateral shoulder pain with attempted lifting, reaching, pushing activities. At this time is pending response regarding a follow up magnetic resonance imaging study. There is no change in the treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 8 weeks for the left and right shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 1 time a week for 8 weeks for the left and right shoulders is not medically necessary and appropriate.