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| Case Number: | CM15-0084642 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 10/19/2009 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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, 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 48 year old female, who sustained an industrial injury on 10/19/09. She reported initial complaints of right shoulder. The injured worker was diagnosed as having status post right shoulder decompression (6/13/12); symptoms consistent with cervical radiculitis. Treatment to date has included right shoulder/trapezius injections; physical therapy; TENS unit; right wrist splint; medications. Diagnostics included MRI right shoulder without contrast (3/6/12); EMG/NCV upper extremity (1/29/13). Currently, the PR-2 notes dated 4/17/15 indicated the injured worker complains of right upper extremity pain and right shoulder pain. She rates her pain levels at 5/10 with medications and 6/10 without medications. She has no new problems or side effects reported. Her quality of sleep is fair and is not trying any other therapies for pain relief. She is taking Norco 1 tablet PRN through her PCP and able to function at work but is having more pain. The injured worker reports her right wrist her hurting now and her splint is worn out. She also reports her neck is having pain going down to the mid back. She has been prescribed: Lidoderm 5% patch; Lexapro 10mg; Hydrochlorothiazide 25mg; Levora-28; Lorazepam 1mg; Losartan-hctz; Metoprolol Succ ER; and Norco 5/325mg. On physical examination, the cervical spine has restricted range of motion with pain and tenderness noted at the paracervical muscles and trapezius. The right shoulder reveals a surgical scar and movements are restricted with pain and Hawkin's test is positive. The left shoulder notes restricted movements with Hawkin's, Speeds and Yergason's test as negative. The provider has requested physical therapy for the right upper extremity and right shoulder 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right upper extremity and right shoulder Qty. 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), 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, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is indication the patient has participating in 11 PT sessions thus far, but it is unclear what functional benefit the worker gained from PT. Furthermore, the ODG suggest only 10 visits for rotator cuff syndrome which is the primary reason for PT. Therefore additional physical therapy is not medically necessary.