

Case Number:	CM15-0089177		
Date Assigned:	05/13/2015	Date of Injury:	03/07/2012
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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 40 year old female, who sustained an industrial injury on 03/07/2012. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having displacement of cervical intervertebral disc without myelopathy, left shoulder adhesive capsulitis, fibromyalgia, bilateral carpal tunnel syndrome, right elbow sprain/strain, right wrist sprain/strain, left wrist tendinosis, and right wrist triangular fibrocartilage complex tear. Treatment and diagnostics to date has included right shoulder surgeries, elbow surgery, acupuncture, cervical spine MRI, left shoulder MRI, right shoulder MRI, right hand MRI, right wrist MRI, right elbow MRI, electromyography/nerve conduction studies of upper extremities, and medications. In a progress note dated 04/03/2015, the injured worker presented with complaints of bilateral shoulder pain, bilateral elbow pain, bilateral forearm/wrist/hand pain, and back pain. Objective findings include limited cervical and upper extremity range of motion. The treating physician reported requesting authorization for postoperative physiotherapy for the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physiotherapy 2x4 to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The claimant sustained a work-related injury in March 2012 and continues to be treated for bilateral shoulder pain. She underwent right shoulder surgery in February 2014 and had post-operative physical therapy. When seen, there was decreased shoulder range of motion and decreased strength. Physical therapy for the shoulders was requested. The claimant is being for chronic pain without new injury and has had prior physical therapy for this diagnosis. 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 or that would be needed to establish a home exercise program. The request is not medically necessary.