

Case Number:	CM15-0242524		
Date Assigned:	12/21/2015	Date of Injury:	02/08/2013
Decision Date:	01/29/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/14/2015

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, Hawaii
 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 50 year old female, who sustained an industrial injury on 02-08-2013. She has reported injury to the neck, bilateral shoulders, and bilateral upper extremities. The diagnoses have included headache; left rotator cuff syndrome; right rotator cuff syndrome; tendinitis of left wrist; tendinitis of right wrist; insomnia; and acute stress disorder. Treatment to date has included medications, diagnostics, rest, and bracing. Medications have included Mobic and topical compounded creams. A progress report from the treating physician, dated 10-30-2015, documented an evaluation with the injured worker. The injured worker reported that she is having more pain in the neck; she states that there is pain in the neck, wrists, arms, and shoulders; the pain is frequent and rated at 8 out of 10 in intensity that lasts for 35 minutes; the pain is worse with exertion; and the pain is better with rest and taking medications. Objective findings included the patient is tearful due to pain; cervical range of motion is limited due to pain; positive tenderness over the C4 to C7 paraspinal muscles; right shoulder range of motion is decreased due to pain; positive tenderness to palpation over the anterior-lateral shoulder; positive Hawkins and impingement testing; left shoulder range of motion is decreased due to pain; tenderness to palpation over the anterior-lateral shoulder; positive Hawkins and impingement testing; there is tenderness to palpation over the right palmer wrist; positive Tinel's and Phalen's tests; left wrist tenderness to palpation over the palmer wrist; and positive Tinel's and Phalen's tests. The treatment plan has included the request for physical therapy for bilateral shoulders. The original utilization review, dated 11-10-2015, noncertified the request for physical therapy for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The medical records indicate the patient has ongoing complaints of pain in the wrists, arms, shoulder and neck. The current request is for physical therapy for bilateral shoulders 2 x 5. The attending physician report dated 9/18/15, page (91b) offers no discussion as to why additional physical therapy is necessary at this time. The CA MTUS does recommend physical therapy for shoulder injuries as an option at a decreasing frequency, with a transition into independent home-based exercise. The MTUS recommends for myalgia and myositis, 9-10 visits over 8 weeks. In this case, the patient has a 2/8/13 date of injury. There is no discussion regarding previous physical therapy duration or results. There is no indication that previous physical therapy provided any significant long-term benefit. The current request offers no discussion as to the purpose of physical therapy including short and long-term goals. The available medical records do not support additional physical therapy. As such, the request is not medically necessary.