

Case Number:	CM14-0139891		
Date Assigned:	09/08/2014	Date of Injury:	02/21/2013
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38-year-old female with a date of injury of 02/21/2013. The listed diagnoses per [REDACTED] are: 1. Shoulder region dis NEC. 2. Status post carpal tunnel release, 06/26/2014. Progress report 08/11/2014 by [REDACTED], notes that the patient has positive right-sided Finkelstein's test with sensitivity over the scar. The patient has diagnoses of right anterior transposition of the ulnar nerve and right endoscopic carpal tunnel release. [REDACTED] progress reports are handwritten and largely illegible. There is a progress report by [REDACTED] from 03/27/2014 which included an examination of the right shoulder. The examination revealed positive Hawkins' test and Neer's test. The patient had a decrease in range of motion. The patient's diagnoses were right shoulder impingement, subluxing ulnar nerve, and right carpal tunnel syndrome. The requesting physician is [REDACTED] and he is requesting physical therapy 2 times a week for 4 weeks for the right shoulder. Unitization review denied the request on 8/15/14. Treatment reports from 03/27/2014 through 07/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 4 WKS RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines recommendations for myalgia and myositis Page(s): 98,99.

Decision rationale: This patient is status post CTR on 6/26/14 and has some sensitivity over the scar. Treatment reports also indicated the patient has right shoulder complaints. The request is for 8 physical therapy sessions for the right shoulder. Utilization review denied the request stating that there is no documentation of "any deficits of the shoulder that would require physical therapy." For physical medicine, the MTUS guidelines page 98, 99 recommendations for myalgia and myositis type symptoms, 9-10 sessions over 8 weeks. There is no indication that the patient has participated in physical therapy for the right shoulder. Although the requesting physician does not provide a rationale for the requested PT of the shoulder, progress report 03/27/2014 by [REDACTED] reports that the patient has right shoulder impingement with decrease ROM and positive Hawkins's and Neer's test. Given that the patient has not participated in physical therapy for the shoulder and continues with pain, the request is medically necessary.