

Case Number:	CM14-0147262		
Date Assigned:	09/15/2014	Date of Injury:	09/14/2002
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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, 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 55-year-old female who has submitted a claim for Rotator Cuff Tear, right shoulder and bilateral carpal tunnel associated with an industrial injury date of 09/14/2002. Medical records from 2012 to 2014 were reviewed, which showed right shoulder and bilateral wrist pain, stiffness, and weakness. Physical examination from latest progress notes dated 08/13/2014 showed decreased range of motion and decreased strength on right shoulder and both upper extremities. PT report dated 08/12/2014 cited that patient reported pain level to be up and down with pain increasing with increased use. Physical examination showed strength 3+/5 and limited range of motion, same findings from 07/16/14. Additional PT sessions 3 times a week for 4 additional weeks were requested to improve strength and function. Treatment to date has included medications, right shoulder arthroscopy with decompression acromioplasty last 02/26/2014 and physical therapy since 3/31/2014, with 6 PT sessions between 6/20/2014 to 8/12/2014. Utilization review from 08/21/2014 denied the request for 7 physical therapy sessions for the right shoulder and bilateral wrists since patient didn't show any significant functional improvements or decreased pain over the past 6 visits of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 physical therapy sessions for the right shoulder and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient complains of right shoulder pain and bilateral wrist pain despite medications and sessions of physical therapy. The patient has undergone post-operative physical therapy sessions since 3/31/2014 and additional 6 PT sessions between 6/20/14 to 8/12/14. However, medical records submitted for review failed to show subjective and objective evidence of functional improvement from physical therapy. Moreover, it was also not stated why the patient cannot transition to a home exercise program. Therefore, the request for 7 Physical Therapy Sessions for the right shoulder and bilateral wrists is not medically necessary.