

Case Number:	CM14-0153718		
Date Assigned:	09/23/2014	Date of Injury:	11/13/2008
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 claimant was injured on 11/13/08. The mechanism of injury is cumulative trauma. Physical therapy for the right shoulder, both hands, and both wrists for 8 visits are under review. She was diagnosed with left upper extremity tendinosis and pain, cervical disc protrusion/stenosis/radiculopathy, and facet joint pain/arthropathy, cervical sprain, bilateral upper extremity repetitive injury, and right shoulder impingement. On 01/16/14, the claimant attended physical therapy for an initial evaluation for neck and upper back pain and radiating pain into both arms. The pain had been increasing. She had prior physical therapy in 2013 that was helpful especially the massage. She had some tightness throughout the upper back and neck. Physical therapy was expected to be completed in 4 weeks. On 01/21/14, she reported that she had been receiving massage therapy to the cervical spine with 50% pain relief. She requested pain medications for daily pain but could not take anti-inflammatories due to her gastric bypass. Exacerbating factors included prolonged activities. She was taking Nucynta. Additional massage therapy was recommended. On 03/06/14, she was still complaining of pain. She was not taking any medications but her prior medications included tramadol, Tylenol No. 3, anti-inflammatories, and Nucynta. There was tenderness about the neck and shoulder regions with positive impingement signs. She was to continue massage therapy. On 03/27/14, there was mention of a denial of additional massage therapy. On 05/08/14, she reported that she completed massage with 50% pain relief temporarily. She was not taking medication. On 06/26/14, she reported new onset of left anterior biceps stabbing pain with left upper extremity movement. She still had neck pain. She was taking Norco. On 08/07/14, she continued to have left upper extremity bicep pain and neck pain. She still had left upper extremity biceps pain that was worse. She had tenderness about the cervical paraspinal muscles. Left upper extremity range of motion was restricted by pain in all directions. Right shoulder and cervical spine range of motion were

restricted by pain in all directions. She had impingement signs. Cervical spine discogenic provocative maneuvers were positive. Nerve root tension signs were negative. She was still taking Norco. Physical therapy was recommended for 8 visits given her limited painful range of motion. She was advised to try cold compresses. There is no mention of an ongoing exercise program being in place.

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 shoulder, both wrists and both hands, 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 8 visits of PT (physical therapy) for the right shoulder, both wrists and both hand, 2 times 4 weeks. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant has attended what should have been a reasonable number of PT visits and there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant is unable to complete her rehab with an independent HEP (home exercise program) as she would be expected to be doing following a course of PT. The medical necessity of this request for an additional 8 visits of therapy for the claimant's chronic shoulder and upper extremity pain has not been clearly demonstrated.