

Case Number:	CM14-0050276		
Date Assigned:	06/25/2014	Date of Injury:	08/25/2010
Decision Date:	06/08/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/25/2014

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. 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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 8/25/2010. He reported left shoulder pain. The injured worker was diagnosed as having left shoulder pain attributable to cervical postural syndrome, right wrist pain possibly due to synovitis or triangular fibrocartilage complex tear. Treatment to date has included medications, imaging, physical therapy and surgery. The request is for right wrist arthroscopy excision ulnar styloid possible TFCC repair, and physical therapy for the left shoulder. On 9/20/2013, he complained of left shoulder pain. He reported the pain to have been present for the last 12-14 months, and developed during a course of physical therapy for his left hand. He also complained of pain at the right ulnocarpal joint near a surgical scar. The range of motion is noted as forward flexion 160 degrees, external rotation 45 degrees. The treatment plan included: injection of Kenalog and Lidocaine, and acupuncture. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the documentation provided does not support that the patient has had an acute exacerbation of pain or a change in chronic pain. The IW has been treated previously with physical therapy. The documentation doesn't specify what is to be gained by additional PT sessions for shoulder pain. The request is not medically necessary.