

Case Number:	CM15-0012791		
Date Assigned:	01/30/2015	Date of Injury:	03/11/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old female, who sustained an industrial injury on 3/11/2013. The diagnoses have included right carpal tunnel syndrome, right cubital tunnel syndrome and right shoulder bursitis. Treatment to date has included physical therapy and steroid injections to right elbow. The injured worker underwent right cubital tunnel release on 6/25/2014. X-ray of the right shoulder from 11/24/2014 revealed no acute bony abnormalities. According to the Primary Treating Physician's Progress Report dated 12/11/2014, the injured worker complained of right upper extremity pain. She reported that her pain and symptoms had increased since her cubital tunnel surgery. She complained of an aching, stabbing pain to the right shoulder with radiation of numbness and tingling extending to the fingertips. She also complained of continuing to feel aching and shooting pain in the right elbow. Right shoulder exam revealed tenderness to palpation over the trapezius, acromioclavicular joint and biceps tendon and pain with range of motion. Authorization was requested for physical therapy to the right shoulder to decrease pain and increase functional capacity. On 1/6/2014, Utilization Review (UR) modified a request for continued physical therapy to the right shoulder Quantity 8 to continued physical therapy to the right shoulder Quantity 4, citing Official Disability Guidelines (ODG) .

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of continued physical therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder; physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states, Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. There is insufficient medical documentation describing the functional benefits of the previous physical therapy sessions and what the goals and benefits would be for continued sessions. Therefore, the request for 8 sessions of continued PT for the shoulder is not medically necessary.