

Case Number:	CM15-0110779		
Date Assigned:	06/17/2015	Date of Injury:	06/05/2013
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Indiana, New York
 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 42-year-old female, with a reported date of injury of 06/05/2013. The diagnoses include left shoulder impingement syndrome. Treatments to date have included physical therapy, oral medications, activity modification, an MRI of the left shoulder, and electrodiagnostic studies of the bilateral upper extremities, which showed a right median neuropathy at the wrist of mild to moderate severity. The medical report dated 04/09/2015 was a somewhat poor quality copy and somewhat illegible. The report indicates that the injured worker complained of left shoulder pain. The pain radiated to the neck and hand. The associated symptoms include numbness to the bilateral upper extremities and sensitivity to touch. It was noted that the injured worker had completed nine post-operative therapy sessions so far. She was unable to return to work due to physical limitations. The objective findings of the left shoulder include flexion at 160 degrees, extension at 20 degrees, abduction at 90 degrees, good baseline peripheral pulses, and no peripheral swelling. The physical therapy report dated 04/03/2015 indicates that the injured worker reported that her shoulder was feeling better, but was still very sensitive along the incision site with palpation. The plan was to continue with therapy and progress with strengthening and range of motion. The treating physician requested physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week than four weeks for the left shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are impingement syndrome; PN Carpal tunnel syndrome bilateral; shoulder impingement; DeQuervains bilateral; lateral epicondylitis; and medial epicondylitis. The most progress note in the medical record is dated June 10, 2015. Subjectively, the injured worker is 60% better. The documentation does not state what modalities were rendered through the present. The progress note indicates the injured worker received 12 postoperative physical therapy sessions to date. The utilization review states the injured worker received 24 physical therapy sessions today. There are no postoperative physical therapy progress notes. There is no documentation of objective functional improvement in the postoperative phase. There are no compelling clinical facts in the documentation indicating additional physical therapy is warranted. Objectively, according to the June 10, 2015 progress note, there was no physical examination of the affected shoulder. Consequently, absent compelling clinical documentation with evidence of objective functional improvement with postoperative physical therapy and compelling clinical documentation indicating additional physical therapy is warranted and a physical examination of the affected shoulder on the most recent progress note dated June 10, 2015, physical therapy three times per week than four weeks for the left shoulder is not medically necessary.