

Case Number:	CM15-0112330		
Date Assigned:	06/18/2015	Date of Injury:	10/19/2014
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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 was a 47-year-old female, who sustained an industrial injury, October 19, 2014. The injured worker slipped on a piece of paper and fell. The injured worker extended the left arm and all her weight fell on it. The injured worker previously received the following treatments EMG/NCS (electro diagnostic studies and nerve conduction studies) upper extremities which noted left carpal tunnel syndrome, Norco and 8 physical therapy treatments. The injured worker was diagnosed with left carpal tunnel syndrome, adhesive capsulitis of the left shoulder, rotator cuff tendinitis of the left shoulder, left hand paresthesias probably related to carpal tunnel syndrome. According to progress note of March 5, 2015, the injured worker's chief complaint was left shoulder and left arm down to the hand pain. The injured worker reported worsening pain in the left shoulder. The injured worker rated the pain at 7 out of 10. The injured worker was currently taking Norco for pain. The injured worker was attending physical therapy and reported no improvement. The injured worker was working modified duties. The physical exam noted the left hand had full range of motion. The injured worker was unable to make a full grip. The Phalen's test and Tinel's testing were positive for carpal tunnel syndrome. There was decreased sensation at the medial nerve distribution. The treatment plan included a request for 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, 2 times wkly for 4 wks, Left Shoulder, 8 sessions: 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 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 two times per week times four weeks of the left shoulder (eight sessions) 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are adhesive capsulitis left shoulder; and rotator cuff tendinitis left shoulder. The date of injury is October 19, 2014. The request for authorization is May 27, 2015. A progress note dated December 30, 2014 contains a physical therapy request for three times per week times four weeks to the shoulder. Utilization review indicates the injured worker received 14 physical therapy sessions. There is no objective functional improvement or overall functional benefits documented in the medical record. According to a March 5, 2015 progress note, the injured worker subjectively still complains of pain in the left shoulder. According to a May 11, 2015 progress note, prior physical therapy was painful with no overall improvement. There were no physical therapy progress notes demonstrating objective functional improvement. The guidelines recommend a six as a clinical trial prior to continuing physical therapy (based on objective functional improvement). As noted above, there was documentation demonstrating objective functional improvement. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times four weeks of the left shoulder (eight sessions) is not medically necessary.