

Case Number:	CM15-0112718		
Date Assigned:	06/19/2015	Date of Injury:	05/01/2003
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained an industrial injury on 05/01/2003. Current diagnoses include left shoulder impingement syndrome, status post ligament reconstruction and tendon interposition with progressive MP joint instability, status post ligament reconstruction and tendon interposition and left MP joint fusion-stable, left long and right long trigger fingers, status post right ulnar shortening osteotomy, status post right carpal tunnel release, and status post right shoulder subacromial decompression. Previous treatments included medication, thumb splint, surgery, left shoulder injection, left long finger injection, and physical therapy. Previous diagnostic studies include a left shoulder MRI dated 03/24/2015. Report dated 05/11/2015 noted that the injured worker presented with complaints that included worsening difficulties to the right thumb, worsening left shoulder pain with popping and clicking, and triggering of the left long finger and right long finger. Pain level was not included. Physical examination was positive for left shoulder tenderness, drop-arm test and O'Brien test are painful, impingement signs are painful, left thumb basilar joint is mildly tender, grind test is mildly painful, tenderness at the A1 pulley of his long finger with palpation of a small nodule, and clicking and triggering are noted with movement. The treatment plan included administration of a left shoulder injection, recommendation for a second opinion for the left shoulder, administration of a left long finger injection, a prescription for a thumb spica splint, follow up in six weeks, and work restrictions remain unchanged. Documentation supports that the injured worker was previously authorized 8 visits of physical therapy for the left shoulder and 19 visits of physical therapy for the thumb. Physical therapy progress note dated

04/20/2015 notes that the injured worker is not tolerating any flex greater than 90 degrees on the left and has complaints of popping. Treatment plan included advancing as tolerated and avoid extreme motions. Disputed treatments include additional physical therapy 2 times 4 to the left shoulder. A progress report dated April 27, 2015 indicates that the patient complains of left shoulder pain which worsens with therapy and a home exercise program. The note goes on to state that the patient has failed reasonable conservative treatment for the left shoulder including multiple injections, therapy, rest, and medical management. A progress report dated May 2015 indicates that the patient had a recent flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.