

Case Number:	CM15-0116213		
Date Assigned:	06/24/2015	Date of Injury:	05/07/2013
Decision Date:	07/23/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male patient who sustained an industrial injury on 05/07/2013. A secondary treating office visit dated 07/10/2014 reported the patient with subjective complaint of pain in low back, and left shoulder. He is currently participating in physical therapy involving cervical traction. Objective findings showed left shoulder range of motion full and with positive AC joint tenderness. He is diagnosed with left shoulder pain, and low back pain. A magnetic resonance imaging scan of the left shoulder taken on 08/11/2014 showed results consistent with an SST tear and or tendonitis along with an AC joint effusion. At a visit dated 09/04/2014 the treating diagnoses were: low back pain; right hand pain; left shoulder pain, and chronic pain. Current medication regimen noted Norflex and a compound cream topical. At a recent follow up visit dated 05/14/2015 reported subjective complaint of left shoulder pain is doing better although still with right hand pain and numbness. The treating diagnoses were: left shoulder pain; chronic pain syndrome, and right carpal tunnel syndrome. The plan of care note proceeding with recommendation to undergo right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 6 weeks to the spine, right and left wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand.

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

Decision rationale: Physical therapy 1 time a week for 6 weeks to the spine, right and left wrists is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT; however there is no evidence of significant functional improvement from prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.

Physical therapy 1 time a week for 6 weeks to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: Physical therapy 1 time a week for 6 weeks to the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT; however there is no evidence of significant functional improvement from prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.