

Case Number:	CM15-0117861		
Date Assigned:	06/26/2015	Date of Injury:	07/25/2010
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

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 55-year-old female, who sustained an industrial injury on 7/25/10. The injured worker has complaints of neck pain with some radiation into her left upper extremity. The documentation noted that there is tenderness to palpation over the upper, mid and lower paravertebral and trapezius muscle and increased pain with cervical motion. There is tenderness to palpation over the upper paravertebral muscles and there is mild limitation of motion. The right shoulder has tenderness and no irritability. The diagnoses have included status post left shoulder operative arthroscopy; mild left adhesive capsulitis, left shoulder; status post right shoulder operative arthroscopy; right medial and lateral epicondylitis and cubital tunnel syndrome and right wrist carpal tunnel syndrome. The documentation noted that the injured worker had underwent an extensive amount of conservative treatment over several years including magnetic resonance imaging (MRI); X-rays; labral tear repair; major shoulder reconstruction; injections; anti-inflammatories; physical therapy and home exercise program. The request was for physical therapy 12 visits, cervical spine, bilateral elbow, bilateral wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 12 Visits, C-Spine, Bilateral Elbow, Bilateral Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in July 2010 and continues to be treated for neck, thoracic, and bilateral shoulder, elbow, and wrist pain. Arthroscopic shoulder surgeries were performed in 2013. When seen, there was decreased range of motion with tenderness. There was shoulder weakness. There was a positive Tinel sign at the left elbow and positive Phalen and carpal compression testing bilaterally. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.