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| Case Number: | CM15-0128103 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 05/04/2013 |
| Decision Date: | 08/14/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old male with a May 4, 2013 date of injury. A progress note dated May 23, 2015 documents subjective complaints (intermittent, mild to moderate pain and soreness of the right shoulder that is improving; intermittent moderate radiating pain in the neck that is continuing to improve; intermittent, severe to moderate pain in the right wrist with slight improvement; intermittent moderate lower back pain that is continuing to improve; intermittent moderate right knee pain that is continuing to improve; frequent/intermittent moderate pain and stiffness in the mid back that is continuing to improve; stomach discomfort), objective findings (mild to moderate palpable tenderness of the right shoulder with improved range of motion; positive apprehension test; moderate palpable tenderness of the cervical spine; less hypertonic paraspinal muscles; positive Kemp's; mild to moderate palpable tenderness of the lumbar spine; decreased range of motion of the lumbar spine; positive Milgram's; positive Valsalva; mild to moderate palpable tenderness of the right wrist decreased range of motion of the right wrist; decreased grip strength on the right; positive Tinel's and Phalen's; moderate palpable tenderness of the right knee; slightly improved range of motion of the right knee; positive Valgus), and current diagnoses (cervical spine disc bulges; thoracic spine sprain/strain; lumbar spine disc bulges; right wrist effusion; right carpal tunnel syndrome; right Cubital tunnel syndrome; right knee sprain/strain). Treatments to date have included electromyogram/nerve conduction velocity study that showed right carpal tunnel syndrome, imaging studies, and right shoulder arthroscopy and decompression. The treating physician documented a plan of care that included physiotherapy and therapeutic exercises, post-operative therapy, to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy and therapeutic exercises, post-operative therapy; twelve (12) sessions (2 x 6) to the right shoulder: Upheld

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

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

Decision rationale: The patient presents with chronic right shoulder pain. The current request is for Physiotherapy and therapeutic exercises, post-operative therapy; twelve (12) sessions (2 x 6) to the right shoulder. The RFA is dated 05/23/15. Treatments to date have included electromyogram/nerve conduction velocity study that showed right carpal tunnel syndrome, imaging studies, and right shoulder arthroscopy and decompression. The patient is not working. The patient is outside of the post-surgical time frame for physical medicine. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 05/23/15, the patient continues to complain of intermittent pain in the right shoulder, radiating neck pain and intermittent severe right wrist pain. Examination of the right shoulder revealed mild to moderate palpable tenderness, healed surgical scars, improved ROM, positive Apley's and apprehension test. The treater states that the patient is status post right shoulder decompression and debridement on 10/29/14 and recommended additional physiotherapy 2x6. The Utilization review letter states that the patient was authorized 18 post op PT on 01/28/14. There are no physical therapy reports provided for review, and the objective response to therapy were not documented in the medical reports. In this case, there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the patient is outside the post-surgical time frame for physical medicine; thus the request for 12 PT sessions exceeds what is recommended by MTUS for these type of symptoms. The requested physical therapy is not medically necessary.