

Case Number:	CM15-0175344		
Date Assigned:	09/16/2015	Date of Injury:	04/27/1997
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on April 27, 1997. The injured worker has been diagnosed of left shoulder sprain, strain, left wrist sprain, strain, and cervical spine discogenic disease. Treatment to date has included surgery, cortisone injections to shoulders and medication. On July 30, 2014 notes stated she had undergone physical therapy, chiropractic treatment and acupuncture without significant relief of her pain. Cortisone injections to her shoulders helped relieve her shoulder pain as well as her neck pain "occasionally" but the relief was noted to be "short-lived" and her symptoms were reported to always return to their baseline. On June 18, 2015, the injured worker complained of neck pain with radiation to the upper extremities with numbness and tingling of the upper extremities to the fingers. She complained of left shoulder pain which is present all the time. This pain was reported as a dull ache at rest that increases to throbbing and stabbing with any use of the shoulder. The injured worker also complained of left wrist and hand pain. Physical examination revealed tenderness to palpation over the anterior, lateral and posterior aspect of both shoulders, left trapezius, left cervical paraspinal musculature and left scapular region. Left shoulder range of motion was noted to be abduction 160 degrees, adduction 50 degrees, extension 50 degrees, flexion 180 degrees, internal rotation 90 degrees and external rotation 90 degrees. Treatment recommendations included physical therapy for the neck, left shoulder and left wrist at two to three times a week for four weeks, x-rays of the cervical spine, left wrist and left shoulder, EMG-NCV of the upper extremities, Tramadol cream, cyclobenzaprine, periodic urinalysis, possible series of cervical epidural injections, education on home exercises and injury prevention mechanisms and a follow-up visit. On August 5, 2015, utilization review denied a

request for eight physical therapy visits for the left shoulder at two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy for the left shoulder 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The injured worker sustained a work related injury on April 27, 1997. The injured worker has been diagnosed of left shoulder sprain, strain, left wrist sprain, strain, and cervical spine discogenic disease. Treatment to date has included surgery, cortisone injections to shoulders and medication. The medical records provided for review do not indicate a medical necessity for 8 Physical therapy for the left shoulder 2 times a week for 4 weeks. The medical records indicate the injured worker had arthroscopic surgery of the left shoulder in 2006; an unspecified number of physical therapy between mid 2014 and November 2014 provided no benefit. The MTUS recommend recommends a fading treatment of 8-10 physical therapy visits followed by home exercise program. The requested treatment is not medically necessary due to lack of benefit with previous treatment.