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| Case Number: | CM15-0175931 | | |
| Date Assigned: | 09/17/2015 | Date of Injury: | 07/26/2001 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 64 year old female, who sustained an industrial injury on July 26, 2001. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having De Quervain's, medial epicondylitis, pain in shoulder region, pain in thoracic spine, pain in limb, myalgia and myositis, lateral epicondylitis right elbow and right shoulder impingement. Treatment to date has included diagnostic studies, surgery, physical therapy and medication. The injured worker was noted to be attending physical therapy for the right hand and right shoulder but the facility divided the hand therapy from the shoulder therapy, so that she went in on two different days. The treating physician would have liked the right hand and right shoulder physical therapy to be addressed on the same visit. On July 20, 2015, the injured worker complained of bilateral upper extremity pain rated a 9 on a 1-10 pain scale with medications. The pain was described as aching and gets worse when she grabs an object. The treatment plan included physical therapy for the right shoulder and right hand, right hand specialist evaluation, diagnostic studies, medication and a follow-up visit. On August 13, 2015, utilization review denied a request for additional physical therapy for the right shoulder one time a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, right shoulder 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, General Approaches, Pain, Suffering, and the Restoration of Function Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy to the right shoulder one time per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are DeQuervain's; medial epicondylitis; pain in shoulder region; pain in thoracic spine; pain in limb; myalgia and myositis; lateral epicondylitis right elbow; and right shoulder impingement. Date of injury is July 26, 2001. Request for authorization is August 5, 2015. The injured worker status post right shoulder decompression and debridement February 19, 2015. According to the utilization review, the injured worker received 32 physical therapy sessions. The treating provider does not document the total number of physical therapy sessions. According to her progress note dated July 20, 2015, subjective complaints include bilateral upper extremity pain. Objectively, there is tenderness to palpation at the cervical paraspinal muscle groups with decreased range of motion of the right shoulder flexion, internal and external rotation. The injured worker received 32 physical therapy sessions and there are no compelling clinical facts indicating additional physical therapy is clinically indicated. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. Based on clinical information medical record, peer-reviewed evidence-based guidelines, documentation (utilization review) indicating the injured worker received 32 physical therapy sessions and no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated, additional physical therapy to the right shoulder one time per week times six weeks is not medically necessary.