

Case Number:	CM15-0064248		
Date Assigned:	04/10/2015	Date of Injury:	05/03/2014
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/04/2015

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: 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 41-year-old female, who sustained an industrial injury on May 3, 2014. She reported twisting her left knee and injuring her left upper extremity after she slipped. The injured worker was diagnosed as having left shoulder bursitis, left shoulder impingement syndrome, left lateral epicondylitis, left wrist internal derangement, left wrist sprain/strain, status post left wrist fracture and left knee sprain/strain. Treatment to date has included diagnostic studies, medication, surgery and physical therapy. On February 19, 2015, the injured worker complained of left shoulder pain, left achy elbow pain, achy left knee pain and left wrist pain radiating to fingers with numbness and tingling. Physical examination of the left shoulder revealed tenderness to palpation of the anterior shoulder. Neer's and Hawkin's were both positive. The treatment plan included acupuncture, physiotherapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy (2) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant is more than one-year status post work-related injury. She underwent left knee arthroscopic surgery followed by post-operative physical therapy. She also sustained a left wrist fracture and now has findings consistent with rotator cuff impingement. She has not had physical therapy for her shoulder. Physical therapy for rotator cuff tendinitis would typically include 10 treatments over 8 weeks and for the wrist following a fracture, 8 treatments also over 10 week. In this case, only some degree of simultaneous treatment would be expected. The number of visits being requested (12) is appropriate for the combined conditions and therefore was medically necessary.