

Case Number:	CM15-0074375		
Date Assigned:	04/24/2015	Date of Injury:	01/30/2014
Decision Date:	05/21/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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, 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 56 year old female, who sustained an industrial injury on 1/30/2014. Diagnoses have included cervical spine myofascial syndrome with right shoulder internal derangement and left long finger trigger finger phenomenon. Treatment to date has included cortisone injections and physical therapy. According to the progress report dated 3/10/2015, the injured worker complained of right shoulder pain. She reported that her right shoulder condition was much improved with physical therapy. At the left long finger, she reported continued stiffness and discomfort. Exam of the right shoulder revealed tenderness at the acromioclavicular joint. Exam of the left hand revealed a left long finger triggering phenomenon. Authorization was requested for physical therapy for the right shoulder and left long finger. Notes indicate that the patient has undergone 8 therapy sessions thus far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and left long finger, twice weekly for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200, 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy, Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional Physical therapy for the right shoulder and left long finger, twice weekly for four weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend a maximum of 12 therapy visits for the treatment of trigger finger and 10 visits for rotator cuff disorders. Within the documentation available for review, it appears the patient has already undergone 8 therapy sessions thus far. There is no statement indicating why additional therapy visit above and beyond the maximum number recommended by guidelines would be indicated for both of this patient's diagnoses. In the absence of clarity regarding those issues, the currently requested additional therapy is not medically necessary.