

Case Number:	CM15-0091182		
Date Assigned:	05/15/2015	Date of Injury:	10/27/2011
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/12/2015

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 (IW) is a 34 year old female who sustained an industrial injury on 10/27/2011. She reported intermittent pain in the neck that is severe with stiffness and tightness in the neck, pain in both shoulders with stiffness, tightness and limitation of motion, and pain in both elbows, more pronounced in the medial and posterior aspect of both elbows. The worker also reports weakness and hypersensitivity to touch and any direct pressure resulting in pain, numbness and tingling in the third, fourth and fifth fingers of both hands with a cold sensation when attempting to grasp objects. The injured worker was diagnosed as having cervical radiculopathy, shoulder impingement, rotator cuff tendonitis. Treatment to date has included physical and chiropractic therapy and acupuncture. Currently, the injured worker complains of bilateral shoulder pain at 4-5/10, dull, achy, recurrent pain, left greater than right with sharp pain on the left. Her strength and stability are good and range of motion on the left is fair. There is no numbness tingling or swelling. On the right, strength, stability and range of motion are good. The worker states physical therapy and lidocaine patches have helped and given her some improvement. On exam, the worker is bilaterally neurologically intact. There is left greater than right AC joint tenderness and mild positive impingement sign bilaterally. There is no pain, but there is 10% weakness on manual resistive muscle strength testing bilaterally. On 03/30/2015 the physician notes state that the worker should re-start physical therapy, and continue a home exercise program with strengthening and stretching. A request for authorization is made for 12 Physical Therapy Visits for Cervical Spine and Bilateral Shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for Cervical Spine and Bilateral Shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for bilateral shoulder pain. When seen, pain was rated at 4-5/10. She had full shoulder range of motion bilaterally. There was slight weakness with muscle testing. She had tenderness over the acromioclavicular joint and impingement testing was mildly positive. Authorization for additional physical therapy was requested. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.