

Case Number:	CM15-0093069		
Date Assigned:	05/19/2015	Date of Injury:	08/30/2012
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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 47 year old male, who sustained an industrial injury on 8/30/2012. The current diagnoses are status post left wrist arthroscopy (8/1/2013), chronic left wrist/hand pain, intermittent left wrist paresthesia and edema, left shoulder impingement syndrome, left acromioclavicular cartilage disorder, left subacromial subdeltoid bursitis, and left biceps tendinitis. According to the progress report dated 4/13/2015, the injured worker complains of pain in the left shoulder, wrist, and hand. The pain is described as sharp, intermittent, and dull. The pain is rated 6/10 on a subjective pain scale. The current medication list is not available for review. Treatment to date has included medication management, MRI studies, physical therapy, and home and exercise program. The plan of care includes 12 physical therapy sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week for 6 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Shoulder Complaints Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, 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. Specifically for impingement and rotator cuff issues, 10 sessions of PT are recommended. Within the documentation available for review, there is documentation of shoulder impingement and bursitis. But the 12 visit request exceeds the amount of PT recommended by the CA MTUS and ODG. There is no provision for modification of the current request in the independent medical review process. Given this, the current request for physical therapy x 12 is not medically necessary.