

Case Number:	CM15-0094059		
Date Assigned:	05/21/2015	Date of Injury:	04/25/2011
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/18/2015

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

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 female, who sustained an industrial injury on 4/25/2011. She reported pain in her left shoulder while picking up objects and performing usual and customary work duties. She later reported pain in both hands. The injured worker was diagnosed as having left shoulder pain, status post subacromial decompression and Mumford procedure, and bilateral carpal tunnel syndrome, status post release with residuals. Treatment to date has included diagnostics, left shoulder surgery in 7/2012, right carpal tunnel surgery in 5/2013, left carpal tunnel surgery in 12/2012, acupuncture, unspecified physical therapy, and medications. The most recent assessment submitted was a Qualified Medical Evaluation on 10/09/2014. The injured worker complained of left shoulder pain and bilateral wrist and hand pain, with numbness and tingling in the left shoulder and bilateral hands. Current medications included Hydrocodone and Ibuprofen. Exam of the left shoulder noted a positive impingement sign, with full and unrestricted range of motion. She was not working. A progress report detailing the treatment plan for physical therapy, 2x6 to the left shoulder, was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Reports show no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of April 2011. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 6 weeks for the left shoulder is not medically necessary and appropriate.