

Case Number:	CM14-0141545		
Date Assigned:	09/19/2014	Date of Injury:	09/12/2013
Decision Date:	10/13/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 75 year old female, who sustained an industrial injury on September 12, 2013, incurring neck and bilateral shoulders injuries. Imaging revealed calcium deposition of the right shoulder. X-rays revealed a small erosion of the first distal metacarpal of the right thumb, unremarkable right hand and normal right wrist. Magnetic Resonance Imaging of the left shoulder was unremarkable. Magnetic Resonance Imaging of the cervical spine showed disc bulges. Electromyography studies of the upper extremities revealed carpal tunnel syndrome. She was diagnosed with a right shoulder impingement rotator cuff tendinopathy, cervical degenerative disc disease, left shoulder strain, right thumb degenerative joint disease and right carpal tunnel syndrome. Treatment included physical therapy, muscle relaxants, anti-inflammatory drugs, orthopedic referral, and restricted activities. In June, 2014, the injured worker complained of continued neck pain with limited range of motion of the cervical spine and a painful right wrist when grasping objects and writing. She noted the increased pain and discomfort interfered with her activities of daily living. The treatment plan that was requested for authorization included physical therapy for the cervical spine and the right shoulder twice a week for three weeks. On August 20, 2014, a request for physical therapy for the cervical spine and right shoulder was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine and the right shoulder 2 times per week for 3 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Physical Therapy, Neck & Upper Back (updated 08/04/2014) and Shoulder (updated 07/29/2014).

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

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for neck, bilateral shoulder, and right hand pain. Diagnoses include right rotator cuff syndrome, right thumb degenerative joint disease, right carpal tunnel syndrome, a left shoulder strain, and cervical degenerative disc disease. In May 2014, prior treatment had included 12 physical therapy treatments with limited relief and she found the treatments painful. In June 2014 she had previously received a shoulder injection and completed physical therapy. When seen, there was bilateral hand numbness. She was anxious and depressed. She had not returned to work. The claimant is being treated for chronic pain with no new injury and has already had recent physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can 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 shoulder range of motion. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.