

Case Number:	CM13-0005750		
Date Assigned:	08/19/2013	Date of Injury:	02/22/2011
Decision Date:	01/02/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 02/22/2011. The primary diagnosis is calcific tendonitis. This patient has reported symptoms of right ankle pain and left shoulder pain, with physical examination findings of diffuse tenderness of the ankle and mild to moderate restrictions in shoulder motion, as well as positive Neer and Hawkins impingement signs. The patient is noted to walk with a limp as well. Initial physician evaluation concluded that the request was excessive for an initial clinical trial and recommended modification of 6 sessions of physical therapy to the left shoulder and noncertified to the right ankle. Note, previously 9 therapy sessions were approved for the right ankle, although none for rotator cuff tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 3Wks Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain guidelines indicates that "9 to 10 visits over 8 weeks" for myalgias such as myositis, with the recommendation to "allow for fading of treatment frequency plus active self directed home physical medicine." The employee has nonspecific diagnoses, and multiple guidelines could never be applied for suggested therapy duration. Most notably, however, the guidelines also indicate "Active therapy requires an internal effort by the

individual to complete a specific exercise or task." It is unclear what specific goals or methods would be utilized with the proposed therapy or why this employee would require as many visits initially as being requested currently. The request for Physical Therapy 2xWk x 3Wks Left Shoulder is not medically necessary and appropriate.

Physical Therapy 3xWk x 4Wks Right Ankle/Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain guidelines indicates "9 to 10 visits over 8 weeks" for myalgias such as myositis, with the recommendation to "allow for fading of treatment frequency plus active self directed home physical medicine." The employee has nonspecific diagnoses, and multiple guidelines could never be applied for suggested therapy duration. Most notably, however, the guidelines also indicate "Active therapy requires an internal effort by the individual to complete a specific exercise or task." It is unclear what specific goals or methods would be utilized with the proposed therapy or why this employee would require as many visits initially as being requested currently. The request for Physical Therapy 3xWk x 4Wks Right Ankle/Left Shoulder is not medically necessary and appropriate.