

Case Number:	CM13-0011944		
Date Assigned:	12/20/2013	Date of Injury:	10/03/2012
Decision Date:	02/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/15/2013

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 Emergency Medicine and is licensed to practice in New York. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 31-year-old female with complaints of continuing right shoulder and right wrist pain. The patient was injured on October 2, 2013 when she lifted a computer bag weighing 40-45 pounds. Diagnoses included right shoulder sprain/strain with signs of impingement, right wrist tendinitis, and right elbow epicondylitis. Treatment included analgesics, physical therapy for one month and one-half, steroid injections, and acupuncture. The patient did have temporary relief with the acupuncture treatments. She did not have relief with physical therapy, analgesics, or steroid injections. MRI of the right shoulder performed on July 26, 2013 showed minimal amount of fluid in the subacromial space, which may have been due to subacromial bursitis. There was no evidence of rotator cuff tendinopathy. Request for authorization for physical therapy sessions #6 for the right shoulder was submitted on August 13, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 6 sessions for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder Physical Therapy, Elbow, Forearm, Wrist, and Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. ODG give the physical therapy guidelines as follows: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Allowing for facing frequency of visits from 3 visit /week to 1 or less recommendations for the number of visits is as: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks In this case the patient had already 6 physical therapy visits by March 2013 without relief. The patient did not experience a functional improvement with physical therapy. The medical record states that she had felt more improvement with acupuncture. Physical therapy is not recommended after 6 visits if there is no functional improvement. Furthermore, the patient was not in the early phase of treatment when physical therapy provides short-term relief. Medical necessity is not established.