

Case Number:	CM13-0018828		
Date Assigned:	09/10/2014	Date of Injury:	01/02/2012
Decision Date:	10/06/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Emergency Medicine 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 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/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:

Patient with reported date of injury on 1/2/2012. Mechanism of injury is described as progressive injury from ergonomic issues. Patient has a diagnosis of shoulder sprain, Tenosynovitis of elbow, cervical sprain and tenosynovitis of hand/wrist. Medical reports reviewed. Reports were sent until 7/15/14. Recent reports were not reviewed since this request was last reviewed on 8/12/13. Prospective information does not retrospectively change the criteria used during IMR as per MTUS guidelines. Charts were reviewed until 9/23/13 to assess progress of patient and response of provider to UR done on 8/12/13. History of presentation and exam was gleaned from progress notes during and prior to 9/23/13. Patient complains of neck, shoulder, upper back and L pectoral pain along with numbness in wrist. Physical therapy was reportedly "improving" and patient is reportedly doing stretches and icing after work. Objective exam reveals L shoulder with tenderness over AC joint and posterior joint space. Range of motion is normal with no pain. Strength is intact. Hawkin's maneuver reportedly negative. Empty can test is negative. No advance imaging of electrodiagnostics were done during the time of review. Medications include Celexa, Ambien, Felopine and Lenexa. Patient has reportedly completed 22 physical therapy sessions with last additional 4 sessions approved on 7/11/13. Independent Medical Review is for additional physical therapy 3sessions/week for 4weeks(12 total). Prior UR on 8/12/13 recommended modification to 3 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): tables 8-5, 8-8, algorithms 8-4 and 8-5, and table 9-6, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - <http://www.odg-twc.com/odgtwc/neck.htm>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended under certain criteria. For patient's pain, PT may be beneficial in improving pain and mobility. However, the note does not appropriately document that prior PT sessions of shoulder improved the pain of function. There is no evidenced reasoning why more sessions from a different physical therapy center would change outcomes. There is no mention of home physical therapy of exercise. While PT may be beneficial in short term, continued home exercise and activity is needed for maintenance of improvement. Due to lack of evidence of any benefit from prior PT sessions, there is no evidence to support additional requested PT sessions. The number of requested sessions also has exceeded the number of sessions recommended by MTUS Chronic pain guidelines. Additional Physical therapy sessions requested on 8/13 is not medically necessary.