MAXIMUS Federal Services

Case Number:	CM13-0066089		
Date Assigned:	01/03/2014	Date of Injury:	11/16/2010
Decision Date:	05/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 66-year-old female with a 11/16/10 date of injury. At the time of request for authorization for platelet rich plasma injection to right shoulder, additional physical therapy twice a week for six weeks for bilateral shoulders, left foot and neck, and orthotics bilateral (custom molded), there is documentation of subjective findings of right shoulder pain and objective findings of tenderness over the shoulders, positive impingement sign over the left shoulder with effusion, decreased range of motion over the left shoulder, positive Spurling's sign, and positive spasms over the cervical spine. The current diagnoses are left shoulder impingement, right shoulder AC joint osteoarthritis, cervical degenerative disc disease, and left posterior tibial tendinitis. The treatment to date is right shoulder subacromial decompression and rotator cuff repair on 5/16/11, acupuncture x18 visits, post-op physical therapy, physical therapy x53 since 2012, right shoulder cortisone injection, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLATELET RICH PLASMA INJECTION TO RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Platelet Rich Plasma (PRP)

Decision rationale: The California MTUS does not address the issue. ODG identifies that platelet-rich plasma (PRP) is under study and that there is no science behind it yet. Therefore, based on guidelines and a review of the evidence, the request for platelet rich plasma injection to right shoulder is not medically necessary.

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR BILATERAL SHOULDERS, LEFT FOOT AND NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; Ankle and Footand Neck and Upper Back, Physical therapy (PT)

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.ODG recommends a limited course of physical therapy for patients with a diagnosis of impingement syndrome not to exceed 10 visits over 8 weeks; diagnosis of foot sprain not to exceed 9 visits over 8 weeks; and diagnosis of degeneration of cervical intervertebral disc no to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement, right shoulder AC joint osteoarthritis, cervical degenerative disc disease, and left posterior tibial tendinitis. In addition, given documentation of at least 53 physical therapy treatments completed to date, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Furthermore, specifically regarding the foot, there is no documentation of functional deficits and functional goals. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy twice a week for six weeks for bilateral shoulders, left foot and neck is not medically necessary.

ORTHOTICS BILATERAL (CUSTOM MOLDED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Orthotic Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The California MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. Within the medical information available for review, there is documentation of diagnoses of left posterior tibial tendinitis. However, there is no documentation of documentation plantar fasciitis or Final Determination Letter for IMR Case Number CM13-0066089 5 metatarsalgia. In addition, there is no documentation of failure of improvement in pain and function with the use of over the counter orthotics Therefore, based on guidelines and a review of the evidence, the request for orthotics bilateral (custom molded) is not medically necessary.