

Case Number:	CM14-0013118		
Date Assigned:	02/24/2014	Date of Injury:	09/12/2012
Decision Date:	06/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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. The expert 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 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 44-year-old female with a 9/12/12 date of injury. At the time (12/26/13) of the request for authorization for arthritis panel blood test and physical therapy two times three for the right shoulder and bilateral hands, there is documentation of subjective (right shoulder pain and sensation of tightness on right hand/fingers) and objective (tenderness of subacromial bursa; Neer, Hawkins, and Speed tests are positive; tenderness of 3rd, 4th, and 5th fingers of bilateral hands; decreased range of motion) findings, current diagnoses (sprain/strain right shoulder, impingement syndrome right shoulder, bicipital tendinitis right shoulder, and strain/sprain of bilateral hands with persistent pain R/O systemic disorder), and treatment to date (shoulder injection and physical therapy). Regarding arthritis panel blood test, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested arthritis panel blood test is needed. Regarding physical therapy two times three for the right shoulder and bilateral hands, 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 with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHRITIS PANEL BLOOD TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm).

Decision rationale: MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of sprain/strain right shoulder, impingement syndrome right shoulder, bicipital tendinitis right shoulder, and strain/sprain of bilateral hands with persistent pain r/o systemic disorder. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the requested arthritis panel blood test is needed. Therefore, based on guidelines and a review of the evidence, the request for arthritis panel blood test is not medically necessary.

PHYSICAL THERAPY TWO TIMES THREE FOR THE RIGHT SHOULDER AND BILATERAL HANDS/DENIED BY PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Forearm, Wrist & Hand Chapters, Physical therapy,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Forearm, Wrist & Hand Chapters, Physical therapy,

Decision rationale: 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. 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 sprains and strains not 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 sprain/strain right shoulder, impingement syndrome right shoulder, bicipital tendinitis right shoulder, and strain/sprain of bilateral hands with persistent pain R/O systemic disorder. However, there is no documentation of the number of physical therapy sessions completed to date. In addition, 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 with previous physical therapy.

Therefore, based on guidelines and a review of the evidence, the request for physical therapy two times three for the right shoulder and bilateral hands is not medically necessary.