

Case Number:	CM14-0014097		
Date Assigned:	02/26/2014	Date of Injury:	08/08/2012
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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:

The injured worker is a 49-year-old female with a reported date of injury on 08/08/2012. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include right shoulder adhesive capsulitis and right trapezius/cervical strain. Her previous treatments were noted to include surgery, physical therapy, home exercise program, and pain medications. The progress note dated 11/22/2013 reported the range of motion to the right shoulder demonstrated flexion to 150 degrees, abduction to 135 degrees, and external rotation to 45 degrees. Muscle strength to the shoulder was 4/5 with forward flexion, abduction, external rotation, and internal rotation. The range of motion testing performed on 12/20/2013 reported abduction was to 120 degrees, and external rotation was to 45 degrees. The Request for Authorization form dated 12/20/2013 was for formal physical therapy for upper back and neck region 2 times a week for 4 weeks, due to compensatory right upper trapezius/cervical neck strain. The provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2X4 FOR RIGHT ANKLE: Upheld

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

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

Decision rationale: The request for physical therapy, 2x4 for the right ankle, is non-certified. The injured worker has complaints of right shoulder pain. The California Chronic Pain Medical Treatment Guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. There is a lack of documentation regarding ankle pain or functional deficits as well as previous treatments or therapy to the right ankle to necessitate physical therapy. There is a lack of documentation regarding measurable objective functional deficits to the right ankle; therefore, it is unknown whether physical therapy is appropriate at this time. Therefore, the request is non-certified.

PHYSICAL THERAPY, 2X4 FOR RIGHT SHOULDER: Upheld

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

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

Decision rationale: The request for physical therapy, 2x4 to the right shoulder, is non-certified. The injured worker has received previous physical therapy sessions for the right shoulder. The California Chronic Pain Medical Treatment Guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. The documentation provided showed decreased range of motion and decreased motor strength. However, there was a lack of documentation regarding quantifiable objective functional improvement to the right shoulder with prior therapy. The number of physical therapy sessions the injured worker has previously attended was not specified within the medical records. Therefore, despite current functional deficits, in the absence of details regarding previous treatment, it is unknown whether physical therapy is appropriate at this time. Therefore, the request is non-certified.

PHYSICAL THERAPY, 2X4 FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The request for physical therapy, 2x4 for the right elbow, is non-certified. The injured worker has received physical therapy for the right shoulder. The California Chronic Pain Medical Treatment Guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. There is a lack of documentation regarding elbow pain or functional deficits as well as previous treatments or therapy to the right elbow to necessitate physical therapy. There is a lack of documentation regarding measurable objective functional deficits to the right elbow;

therefore, it is unknown whether physical therapy is appropriate at this time. Therefore, the request is non-certified.

PHYSICAL THERAPY, 2X4 FOR LOW BACK: 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): 98-99.

Decision rationale: The request for physical therapy, 2x4 for the low back, is non-certified. The injured worker has received previous physical therapy for the right shoulder. The California Pain Medical Treatment Guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. There is a lack of documentation regarding low back pain or functional deficits as well as previous treatments or therapy to the low back to necessitate physical therapy. There is a lack of documentation regarding measurable objective functional deficits to the low back; therefore, it is unknown whether physical therapy is appropriate at this time. Therefore, the request is non-certified.