

Case Number:	CM14-0130116		
Date Assigned:	08/20/2014	Date of Injury:	11/20/2012
Decision Date:	10/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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:

This is a 31-year-old female with a date of injury of 11/20/12. Mechanism of injury was a fall from a step ladder, landing on her right side. She injured her neck, right shoulder, right elbow, right wrist, and right thumb. The patient had conservative care, but reportedly this was aggravating the right shoulder pain. MRI was done at some point, and there was no RTC tear. The patient was seen by an orthopedic AME on 5/13/14 and diagnosed with right shoulder tendinitis. He declared her P & S with future medical care that included of therapy and medications. The patient has not been compliant with PT, and was sporadic in making appointments. She was last seen by her PTP on 7/16/14 after not having seen the patient since 12/17/13. At that visit, the patient complained of ongoing symptoms at the neck and the shoulder. Exam shows "some" limitation of internal and external rotation. There are multiple tender points. Though there is no report of new injury or acute flare, and there is a history of poor PT attendance, additional PT is recommended. This was submitted to Utilization Review on 7/16/14, and it was identified in UR that the patient has had 30 prior sessions of PT. Additional PT was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x wk x 6wks Right arm (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical medicine treatment

Decision rationale: ODG recommends up to 10 sessions of PT for this type of injury, and the CA MTUS recommends 9-10 sessions of PT for "myalgia". In this case, the patient was made Permanent and Stationary, and prior to this recent follow-up, had completed 30 sessions of PT before being made P & S. She was poorly compliant with PT attendance. She returns after being deemed P & S, and additional PT x 12 is recommended. There is no report of new injury or acute flare that would justify re-initiation of PT. Given the extensive care to date, poor compliance, no documentation of significant impairments, and no documentation of an acute flare-up or new injury, there is no clear medical necessity for reinitiation of PT 2 x 6 for the right arm. Therefore, the request is not medically necessary.