

Case Number:	CM14-0140362		
Date Assigned:	09/10/2014	Date of Injury:	05/01/2012
Decision Date:	11/06/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 26-year-old female with a 5/1/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/10/14, the patient complained of right wrist and hand pain, right shoulder and neck pain, insomnia secondary to pain, and anxiety. Objective findings: right arm and hand is in sling and compression gloves, tenderness to palpation and hypersensitivity to the right hand and wrist to light touch, there is swelling and discoloration noted in right hand and wrist. Diagnostic impression: right hand and wrist pain with active symptoms of allodynia, swelling, and discoloration; hypersensitivity to touch and weather suggestive of complex regional pain syndrome, right shoulder pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/28/14 denied the request for additional physical therapy to the right shoulder. The claimant has hand and shoulder pain with hand stiffness and right arm weakness and the doctor wants to add physical therapy. The medical necessity to simply add physical therapy is not supported in the medical reports submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this is a request for additional physical therapy to the right shoulder. It is unclear how many sessions she has previously completed. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. ODG Shoulder guidelines support up to 10 visits over 8 weeks for shoulder sprains. In addition, the number of visits requested is not noted in this request. Therefore, the request for Additional Physical Therapy to the right shoulder was not medically necessary.