

Case Number:	CM14-0146681		
Date Assigned:	09/12/2014	Date of Injury:	12/04/2012
Decision Date:	11/04/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine 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:

There were 81 pages provided for this review. The injured worker is a 46-year-old male who has right scrotal pain. He developed a rash over his body. He has tried Neurontin but still has paresthasias in his foot. It did not help. Symptoms resolve when he is lying down; otherwise he notes an aching pain in the right hemi-scrotum with standing and prolonged activity. Symptoms are not affected by sexual activity. The impression is sacral pain. The application for independent medical review was signed on August 29, 2014. It was for physical therapy two times a week for four weeks to the right shoulder with multiple modalities. There was an August 14, 2014 utilization review. There is difficulty raising the shoulder without some weakness. The history is typical of a bursitis and impingement syndrome including pain with forward elevation, internal rotation and reaching behind the back. The shoulder pain was mainly activity-related, but was also felt at rest. There was no instability and no laxity. There was positive impingement on internal rotation. There is no clear detail as to why the therapy is being requested and what goals would be achieved. There is no clear detail regarding previous therapy and objective functional improvement outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Page 99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the injured worker would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for Physical Therapy 2 Times per Week for 4 Weeks Right Shoulder is not medically necessary.