

Case Number:	CM14-0163307		
Date Assigned:	10/08/2014	Date of Injury:	04/23/1997
Decision Date:	11/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal 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:

The injured worker (IW) is a -year-old-man with a date of injury of April 23, 1997. The mechanism of injury and injuries sustained were not documented in the medical record. The IW had right hip surgery approximately 2 years ago, which caused injury to his right hand. He continues to have complains of numbness and tingling in the median nerve distribution of his right hand. The IW was seen on August 26, 2014 for a follow-up and reported no improvement since last exam, which was July 1, 2014. Acupuncture produced minimal relief for his numbness and tingling in the right hand. The treating physician was waiting for an evaluation by a shoulder specialist who recommended a course of massage therapy and also a TMJ evaluation. Physical examination revealed bilateral shoulders: Range of motion restricted in flexion/abduction plane bilaterally. Positive impingement sign bilaterally. Bilateral hips: Well healed scars about both hips. Right hip: Well-healed longitudinal scar over the right aspect of the hip. Range of motion is limited in all directions. Pressure over the area produces pain. Right elbow: Tinel's sign is positive at the right elbow. Sensation is reduced in the right ulnar nerve distribution. The current treating diagnoses include post-surgical status, pelvic disorder, recurrent shoulder dislocation, and shoulder derangement. The treatment plan includes a trial of massage therapy in order to determine if symptoms in his right hand would decrease. If the massage does not work, then the IW will be referred to a hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, back, hips, and left ankles, three times weekly for four weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Physical Therapy, Back, Shoulder

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy for the right shoulder, back, hips and left ankle three times a week for four weeks is not medically necessary. The guidelines recommend physical therapy. Physical methods, including exercise and return to normal activities, of the best long-term outcome in employees with low back pain. Use of active treatment instead of passive modalities is associated with substantially better clinical outcomes. The ODG guidelines set the frequency and duration for physical therapy. Lumbar sprains and strains, 10 visits over eight weeks; sprains and strains are sacroiliac region medical treatment, 10 visits over eight weeks; rotator cuff syndrome/impingement syndrome medical treatment, 10 visits over eight weeks; sprained shoulder (rotator cuff) 10 visits over eight weeks. There were no guidelines for physical therapy for the ankle. In this case, injured worker has a long history of treatment. The date of injury was April 23, 1997. Diagnoses include joint derangement to the shoulder, pelvic disorder, recurrent shoulder dislocation, and shoulder derangement. Acupuncture resulted in minimal relief of symptoms. The treating physician is awaiting consultation with a shoulder specialist (orthopedist surgeon) in addition to recommending a course of massage therapy and also a TMJ evaluation. The medical records did not provide a rationale for additional supervised physical therapy rather than independent home rehabilitation at this time. Given additional diagnostic evaluations and orthopedic consultation, physical therapy would not be supported and indicated at this time as there are no clear goals. The injured worker should be seen in orthopedic consultation first with subsequent input as to the approach. Consequently, the medical record documentation does not support physical therapy. Additionally, the left ankle did not appear in the progress notes as being problematic. There were no specific physical findings and, as a result, physical therapy is not indicated. They found clinical information the medical record of peer-reviewed evidence-based guidelines, physical therapy to the right shoulder, back, hips and left ankle three times a week for four weeks is not medically necessary.