

Case Number:	CM14-0023430		
Date Assigned:	02/26/2014	Date of Injury:	08/01/2013
Decision Date:	04/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 75-year-old male with a reported date of injury on 08/01/2013; the mechanism of injury was a fall. The injured worker presented with tenderness to palpation to the cervical spine, myospasms to the cervical spine, neck pain and stiffness, 15 degrees of cervical spine flexion, 0 degrees of cervical spine extension, 60 degrees of right cervical spine rotation, 45 degrees of left cervical spine rotation, 10 degrees of right lateral cervical spine flexion, 5 degrees of left lateral cervical spine flexion, 110 degrees of right shoulder flexion, 10 degrees of right shoulder extension, 90 degrees of right shoulder abduction, 5 degrees of right shoulder adduction, 40 degrees of right shoulder internal rotation, 35 degrees of right shoulder external rotation, 4+/5 strength in the supraspinatus and infraspinatus on the right, and 5/5 strength in external rotation, deltoid muscle, biceps muscles, triceps muscles, and with pushing and pulling. The injured worker's right wrist had 35 degrees of palmar flexion, 40 degrees of dorsiflexion, 30 degrees of ulnar deviation, and 5 degrees of radial deviation. The injured worker's left wrist had 30 degrees of palmar flexion, 40 degrees of dorsiflexion, 30 degrees of ulnar deviation, and 0 degrees of radial deviation. The most recent clinical note indicated the injured worker did have some improvement in the right shoulder after physical therapy recently. The injured worker had diagnoses included right shoulder severe impingement syndrome with probable rotator cuff tendon tear, right thumb arthropathy, carpal metacarpal joint, left hand/wrist radial carpal arthrosis, contusion of the head with persistent headaches, mild concussion, cervical spine sprain/strain with advanced degenerative disc disease, left knee osteoarthopathy of the medial compartment and the patellofemoral compartment, and contusion to the olecranon of the right elbow. The requesting physician requested physical therapy for the neck and shoulder as well as the bilateral wrist on 12/18/2013 in order to improve functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS TO THE NECK, RIGHT SHOULDER, AND BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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 guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The guidelines also recommend injured workers should undergo a trial of ½ of the recommended sessions of physical therapy followed by a complete assessment of the injured worker's condition, in order to assess functional improvement, prior to continuing therapy. Within the provided documentation, it was noted the injured worker previously underwent physical therapy. It was unclear which parts of the body the injured worker previously underwent physical therapy for. Within the provided documentation it was unclear if the injured worker had any significant objective functional improvement with the prior physical therapy, as there was a lack of documentation indicating the injured worker's condition prior to beginning physical therapy, as well as after completion of the most recent physical therapy, in order to demonstrate objective functional improvement, as well as demonstrate the remaining deficits. Additionally, it was unclear how many sessions of physical therapy the injured worker previously underwent. As such, the request for physical therapy 3 times a week for 4 weeks to the neck, right shoulder, and bilateral wrists is non-certified.