

Case Number:	CM14-0046461		
Date Assigned:	09/12/2014	Date of Injury:	04/06/2010
Decision Date:	10/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Practice, and is licensed to practice in Ohio. 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 66-year-old female whose date of injury was April 6 of 2010 whereby she was in a work-related motor vehicle accident. She is been diagnosed with a right-sided rotator cuff tear with adhesive capsulitis, chronic low back pain, lumbar radiculopathy, cervical facet syndrome, hip bursitis, and depression. Her physical exam has revealed diminished cervical and lumbar ranges of motion with tenderness to palpation in the cervical spine, negative straight leg raise testing, diminished right shoulder range of motion with positive impingement signs and tenderness to palpation, and right hip tenderness to palpation over the greater trochanter. It appears that she has completed at least 9 of 12 physical therapy sessions for the neck, right shoulder, low back and right hip. There is a request for an additional 12 physical therapy sessions dating back to April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 X 6 for the neck/ right shoulder/ back/ right hip QTY: 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration, page 7 Physical Medicine pages 98-99.

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

Decision rationale: It is evident that the injured worker has completed at least nine of 12 physical therapy sessions. Goals were established at the beginning of physical therapy to achieve 100 of shoulder flexion and abduction, increase cervical range of motion, allow the injured worker to stand and walk for 30 minutes, and implement a home exercise program. The official disability guidelines suggest that physical therapy is recommended as follows: ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Myalgia and myositis, unspecified (ICD9 729.1):9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):26 visits over 16 weeks. Arthritis (ICD9 715):9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment (see also body-part chapters): 18 visits over 12 weeks. Patients should be formally assessed after a "six-visit clinical trial" to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. In this instance, there is no evidence to indicate that a formal assessment of her physical therapy progress occurred after completing the initial round of treatment. A notation from the treating physician from March 20 of 2014 indicated that there was increased shoulder strength and decreased pain after going through physical therapy but this assessment seems to have occurred also after a steroid injection of the right shoulder. There is no indication as to why a continuation of the previously taught home exercise program should not continue. Therefore, there seems to be no compelling reason as to why physical therapy should continue in excess of recommended ODG guidelines. Thus, additional physical therapy 2 X 6 for the neck/ right shoulder/ back/ right hip Quantity: 12, is not medically necessary.