

Case Number:	CM14-0065045		
Date Assigned:	07/11/2014	Date of Injury:	01/24/2014
Decision Date:	08/11/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The injured worker is a 50-year-old female who reported a slip and fall on 01/24/2014. She reported that she tried to break her fall by extending her right upper extremities. On the day of the reported injury, she reported pain at a level of 8/10 primarily to her right hand, wrist, forearm, and shoulder. In her initial evaluation, the shoulder was not tenderness to palpation and exhibited a full range of motion without obvious discomfort. She was prescribed acetaminophen 500 mg and naproxen sodium 550 mg. In a follow-up visit on 01/29/2014, she reported pain in the right arm from the shoulder down into the arm, with some tingling. Her diagnoses included sprain/strain of the wrist, tenosynovitis, and shoulder pain. In another follow-up visit on 02/06/2014, she reported not feeling improved at all. She still reported pain from her right hand up to her shoulder. There was intermittent numbness and tingling to the right upper extremity, primarily occurring at night. She reported that the medications were of little help. She had completed 2 of 6 therapies as of that date. There was mild tenderness to the anterior and posterior aspects of the right shoulder. Pain was elicited with abduction of 130 degrees, and flexion of 120 degrees, with impingement behavior. On that date, she was prescribed a methyl prednisolone 4 mg dose pack. On 02/27/2014, it was noted that x-rays had been taken of the right shoulder, but the results were not included in the documentation. Her diagnosis was sprains and strains of the shoulder and upper arm. On 04/16/2014, in an orthopedic follow-up examination, there was tenderness noted over the anterolateral aspect of the right shoulder. Active and passive forward flexion was noted as 140 degrees with a positive impingement sign. There was pain and weakness elicited when testing the supraspinatus tendon against resistance. She received a cortisone injection to the right shoulder. Her prescriptions on that date included Naprosyn 500 mg and Ultram 50 mg. There was a request for an MRI of the right shoulder. There were no records submitted of the MRI ever having been performed. There were no records of the type of

therapy or the length or therapy or the modalities she had received. There was no Request for Authorization and no rationale for the requested physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 4Wks Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS), 2009, Chronic pain, Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker), which can provide short-term relief during the early phases of pain treatment, are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing of soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactual instructions. Injured workers are instructed and expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercises with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities, instead of passive treatments, is associated with substantially better clinical outcomes. The physical medical guidelines allow for fading of treatment and frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The allowable number visit for myalgia and myositis is noted as 9 to 10 visits over an 8 week period. For neuralgia and neuritis, the allowable visits are 8 to 10 visits over a 4 week period. It was noted in the injured worker's charts that she had begun and completed at least 2 out of 6 ordered therapies. The type of therapy in which she participated was not documented. The requested number of visits exceeds the guidelines. Therefore, this request for physical therapy 3 times per week times 4 weeks for the right shoulder is not medically necessary.