

Case Number:	CM14-0098497		
Date Assigned:	07/28/2014	Date of Injury:	03/13/2013
Decision Date:	09/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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 and 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 patient is a 76 year old female who was injured on 03/13/2013 while she was getting up when her slipper got caught on the carpet causing her to fall on her right side. Prior treatment history has included 7 sessions of physical therapy to her foot and shoulder, CAM walker. Progress report dated 02/11/2014 states the patient complained of right shoulder pain that is persistent except for when she is sleeping. She reported pain with reaching overhead and back. She also has limited range of motion. She has numbness, tingling and burning in the right hand and right shoulder. On exam, the cervical spine range of motion revealed full motion with right and left rotation. Right shoulder reveals that the patient is neurologically intact from C7 to T1. There is lymphedema. Active and passive range of motion revealed 80 degrees of forward flexion; 70 degrees of abduction; 60 degrees of external rotation and 0 degrees of internal rotation. She has moderate and severe lateral pain. The patient's rotator cuff revealed 3/5 strength for the supraspinatus and infraspinatus strength of 3/5 and subscapularis strength is 3/5. She does have impingement sign. The patient is diagnosed with probable cuff arthropathy of the right shoulder. The patient has been recommended for MRI arthrogram of the right shoulder to evaluate the rotator cuff and surrounding structures. The patient has been recommended for additional physical therapy as noted on 05/27/2014. Prior utilization review dated 06/2014 states the request for Additional Physical Therapy 2x4 plus one evaluation of the left ankle due to the lack of conservative treatment is deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #8, with evaluation of left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Physical therapy of ankle guidelines ODG.

Decision rationale: As per CA MTUS guidelines, physical medicine 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. The guidelines allow 9 PT visits for ankle / foot sprain, enthesopathy, achilles tendinitis/bursitis over 8 weeks. In this case, there is no documentation of any significant improvement with PT in the past to demonstrate the effectiveness of this treatment in this injured worker. There is no evidence of new injuries or exacerbation of the old condition. Furthermore, additional PT would exceed the recommended number of PT visits for the patient's condition. Thus, the request is considered not medically necessary or appropriate.