

Case Number:	CM13-0026360		
Date Assigned:	03/28/2014	Date of Injury:	05/20/2011
Decision Date:	03/03/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 66 year old female injured worker suffered an industrial injury on 8/22/2013. The details of the accident, injury and initial treatments were not included in the documentation provided. The visit on 7/9/2013 reported that strengthening exercises were recommended for increase in range of motion and decrease in pain with the abnormal EMG report. The visit on 8/1/2013 the injured worker reported difficulty sleeping, stiffness with "knots" in her neck and bilateral shoulders and bilateral upper extremities. The magnetic resonance imaging on 1/6/2012 revealed the bilateral shoulders had osteoarthritis, partial tendon tears and tendinopathy. The UR decision on 8/22/2013 denied the request of physical therapy to bilateral shoulders, cervical spine and hand due to lack of objective details of a physical exam for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE PER WEEK FOR 6 WEEKS FOR CERVICAL, BILATERAL SHOULDER, AND HAND: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 196-219 and 65-94, Chronic Pain Treatment Guidelines Physical therapy, physical medicine; Neck and Upper Back, Physical Therapy, ODG Preface Physica. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. This individual is noted to have received 24 sessions of physical therapy be the indication for these additional sessions. Based on available information the request for 12 sessions of additional physical therapy is deemed not medically necessary.