

Case Number:	CM13-0056166		
Date Assigned:	12/30/2013	Date of Injury:	06/23/2013
Decision Date:	01/30/2015	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/21/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in North Carolina. 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 43-year-old with a reported date of injury of 06/23/2013. The patient has the diagnoses of left scapulothoracic dysfunction, cervical sprain/strain, cervicothoracic intersegmental dysfunction, left shoulder sprain/strain, mild right shoulder overuse syndrome and trigger points. . Per the progress notes provided for review from the requesting physician dated 10/01/2013, the patient had complaints of constant left shoulder pain radiating into the left arm, upper back and cervical spine, low back tightness and right shoulder pain. The injury occurred when the patient lost balance stepping over a rack and consequently twisting the body. The physical exam noted trigger points in the left levator scapulae and left scapula, decreased cervical range of motion, positive cervical compression test, decreased range of motion in the left shoulder with a positive supraspinatus test and impingement sign. There was left scapulothoracic dysfunction; positive left Adson's test, decreased thoracolumbar range of motion and no neurologic deficits. Treatment plan recommendations included x-rays of the cervical spine, thoracic spine and left shoulder, physical therapy and internal medicine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, two (2) times per week for six (6) weeks, for the shoulder and upper back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing 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 tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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): 24 visits over 16 weeks Physical therapy/occupational therapy is a recommended treatment option for chronic ongoing pain per the California MTUS. However, the requested amount of sessions is in excess of the recommendations per the California MTUS. There is no explanation per the requesting physician why the patient would need more physical therapy sessions than the recommended number per the guidelines. The goal of physical therapy is a gradual transition to home therapy. Therefore the request is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 92, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM, referral or consults may be necessary when: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case, an internal medicine consult was requested because the patient " has been given medications. She does need medical monitoring for medication side effects and, although it seems very remote, the possibility of dependence." The exact medications are not specified and the need for internal medicine has not been established in the documentations. Therefore the request is not medically necessary.