

Case Number:	CM14-0195898		
Date Assigned:	12/03/2014	Date of Injury:	03/30/2013
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient of the date of injury of March 30, 2013. A utilization review determination dated October 24, 2014 recommends non-certification of physical therapy. Non-certification is recommended since the patient has undergone 10 therapy sessions for the right shoulder thus far with no clinical information identifying what further benefit additional physical therapy would provide. A progress report dated October 14, 2014 identifies subjective complaints of right shoulder pain, right wrist pain, and left wrist pain. The patient reports improve function with medication at the current dose. ADLs are maintained with the current medication. The patient is able to maintain the recommended exercise level and healthy activity level. Objective examination findings reveal somewhat restricted right shoulder range of motion with tenderness in the right shoulder and left wrist. There is also tenderness at the 1st CMC joint and spasm in the cervical trapezius/deltoid musculature. Diagnoses include right shoulder, rule out impingement rotator cuff pathology, bilateral wrist/hand pain, left thumb pain, and rule out upper extremity compression neuropathy/brachial plexus neuropathy/early sympathetically mediated pain syndrome. The treatment plan recommends physical therapy due to deconditioning. Additionally, electrodiagnostic studies of the upper extremities, a tens unit, and medication are recommended. A report dated September 18, 2014 states that the patient underwent physical therapy for his right shoulder which was of some benefit. It appears that the patient underwent physical therapy on 2 separate occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how much physical therapy the patient has previously undergone. In light of the above issues, the currently requested additional physical therapy is not medically necessary.