

Case Number:	CM14-0208441		
Date Assigned:	02/02/2015	Date of Injury:	12/17/2012
Decision Date:	03/03/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: North Carolina
 Certification(s)/Specialty: Family Practice

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 21 year old female sustained work related industrial injuries on December 17, 2012. The mechanism of injury involved falling from a ladder at a department store. The injured worker subsequently complained of left shoulder pain, left elbow pain, left hand pain and headaches. The injured worker was diagnosed and treated for post-concussion syndrome and atypical reflex sympathetic dystrophy (RSD) with lack of the left upper extremity resulting in severe scapulothoracic dysfunction. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, activity modification and periodic follow up visits. Per treating provider report dated September 25, 2014, left shoulder exam revealed no atrophy, deformity or swelling. There were no skin lesions, abrasions or infections noted on exam. Shoulder exam revealed scapulothoracic crepitus with active and passive range of motion. There was noted shoulder tenderness and Hawkins/ Neer impingement signs were positive. Most recent treating provider report dated January 22, 2015, noted that the injured worker has not been able to get consistent physical therapy and has not made much progress with her shoulder. Treating provider noted that symptoms remain unchanged and left shoulder pain was rated 6.5/10. As of January 22, 2015, the injured worker's work status is modified duty. The treating physician prescribed services for twelve sessions of physical therapy to the left upper extremity now under review. On November 14, 2014, the Utilization Review (UR) evaluated the prescriptions for twelve sessions of physical therapy to the left upper extremity requested on November 5, 2014. Upon review of the clinical information, UR modified the request to four sessions of physical therapy to the left upper extremity. The UR modification was based on the limited clinical documentation of

exceptional indications for the physical therapy and the lack of reason why a prescribed home exercise program would be insufficient to address any functional deficits, and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of Physical Therapy to the left upper extremity: Upheld

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

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

Decision rationale: Physical therapy/occupational therapy is a recommended treatment option for chronic ongoing pain per the California MTUS. The request however is in excess of the recommended amount of physical therapy sessions per the California MTUS as the patient has already completed an unspecified amount of physical therapy. There is no explanation why the patient could not carry over the benefits of that physical therapy to a home exercise program, as the goal of physical therapy is a transition to home program. Therefore the request is not certified.