

Case Number:	CM14-0047182		
Date Assigned:	07/02/2014	Date of Injury:	04/11/2013
Decision Date:	04/07/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/15/2014

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 54 year old male injured worker suffered and industrial injury on 4/11/2013. The diagnoses were reflex sympathetic dystrophy of the upper limb with adhesive capsulitis of the left shoulder. The treatments were physical therapy, nerve blocks and medications. The treating provider reported increased pain 8/10 and lack of sleep. The injured worker reported some improvement in symptoms with prior physical therapy. The Utilization Review Determination on 4/11/2014 non-certified Additional Physical Therapy, Qty. 6 to left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, Qty. 6 to left shoulder: Upheld

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

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

Decision rationale: Guidelines recommend fading of physical therapy treatment frequency plus active self directed home physical medicine for reflex sympathetic dystrophy as 24 visits over 16

weeks. In this case, the patient was certified for 18 physical therapy sessions with the last 6 sessions on 2/18/14. Although there is some noted benefit from previous physical therapy the clinical documentation does not reflect evidence of specific and sustained functional improvement. The most recent clinical note indicates that the patient felt worse. Thus, the request for additional physical therapy is not medically necessary and appropriate.