MAXIMUS Federal Services

Case Number:	CM15-0002410		
Date Assigned:	01/14/2015	Date of Injury:	02/25/2000
Decision Date:	03/10/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/06/2015

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 Jersey
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 injured worker is a 59 year old male who sustained an industrial injury on February 25, 2000. The mechanism of injury was a fall from a high altitude. He sustained left shoulder, left elbow and left wrist injuries. The injured worker sustained a fractured left wrist. Diagnoses include chronic pain and disability with delayed functional recovery, adhesive capsulitis frozen left shoulder, impingement syndrome left shoulder, rotator cuff tendinitis left shoulder and cubital tunnel syndrome of the left elbow. Treatment to date has included left wrist surgery, left elbow surgery, epidural steroid injections, physical therapy and pain management. The injured worker underwent surgery which included a left shoulder arthroscopy, date unspecified, and a left elbow ulnar nerve release in 2012. The current documentation dated December 11, 2014 notes that the injured worker had increased left shoulder, elbow and wrist pain rated at a four out of ten, and intermittently at eight out of ten on the Visual Analogue Scale. Current medications were noted to be helping the pain. Physical examination revealed tenderness and spasms of the cervical and thoracic muscles. Range of motion of the left shoulder and elbow were decreased. The injured worker completed six physical therapy sessions with functional and pain improvement. On January 6, 2015, the injured worker submitted an application for IMR for review of physical therapy sessions times twelve. On January 1, 2015 Utilization Review modified the physical therapy request to physical therapy sessions times four. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 Sessions: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the shoulder elbow or wrist is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed some physical therapy (unknown total number of sessions completed) since his injury many years prior (2000). However, a request for an additional 12 sessions goes beyond the total recommended number of sessions even if he had not completed any. Also, there was no evidence to suggest that the worker was having any difficulty completing his home exercises, which were reportedly being performed to some extent around the time of this request and recent prior months. Therefore, without evidence to suggest this case is uniquely an exception to the recommendations, 12 supervised physical therapy sessions will be considered medically unnecessary.