

Case Number:	CM15-0006794		
Date Assigned:	01/26/2015	Date of Injury:	03/21/2014
Decision Date:	04/10/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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 York, Tennessee
 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 injured worker is a 46 year old male, who sustained an industrial injury on March 21, 2014. The diagnoses have included bilateral shoulder strain/strain, tendinitis, impingement syndrome, bilateral elbow, forearm strain/sprain, bilateral elbow lateral epicondylitis, bilateral wrist strain/sprain, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, sleep disturbance secondary to pain and depression situational. Treatment to date has included physical therapy eight sessions in April of 2014, oral medications for pain, extracorporeal shockwave treatment times four, bilateral wrist braces. Currently, the injured worker complains of bilateral shoulder, arms and bilateral elbows and forearms. On December, 2014 the provider noted the injured worker reports physical therapy helped with the pain and tenderness and the treatment helps. On January 2, 2015 Utilization Review non-certified a physical therapy bilateral upper extremities two times six noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 26, 2014, the injured worker submitted an application for IMR for review of physical therapy bilateral upper extremities two times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 to the bilateral upper extremities: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case prior treatment of 9 visits for physical therapy in July 2014 was not successful. In this case the requested 12 visits surpass the six visits recommended for clinical trial to determine if the treatments are beneficial. The request should not be authorized.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Magnetic resonance imaging (MRI).

Decision rationale: Primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g. full-thickness rotator cuff tear) or to further evaluate the possibility of potentially serious pathology, such as a tumor. MRI of the shoulder is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement in patients over age 40 with normal plain radiographs or for subacute shoulder pain, with suspected instability/labral tear. In this case documentation regarding the shoulder complaints is inconsistent. In November 2014, it is documented that the patient has no orthopedic complaints. In December 2014 it is documented that the pain is similar to previous visit. There is no documentation that a red flag is present or that surgery is anticipated and documentation of pain is not clear. Medical necessity has not been established. The request should not be authorized.

