

Case Number:	CM15-0133611		
Date Assigned:	07/21/2015	Date of Injury:	10/08/2014
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial /work injury on 10/8/14. He reported an initial complaint of right shoulder, right elbow, and left ankle pain. The injured worker was diagnosed as having pain in joint involving ankle and foot, right frozen shoulder, right elbow osteoarthritis, osteoarthritis of left ankle, and chronic rotator cuff syndrome of shoulder. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of pain in the neck, back, right elbow, right shoulder, and left ankle/foot, rated 7/10. An arm sling and a fracture boot were utilized. Per the primary physician's report (PR-2) on 5/14/15, exam noted cervical flexion of 90 degrees, abduction at 30 degrees, and external rotation at 0 degrees with tenderness and contracture. The ankle motion was 0-30 degrees. Follow up on 5/28/15 noted discontinued use of boot/sling. There was guarded restricted motion of the shoulder. Current plan of care included therapy. The requested treatments include Physical therapy 2 x 6 for the right shoulder, right elbow, and left ankle.

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 for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2014. He was seen by the requesting provider on 05/14/15 for an orthopedic evaluation. His history of injury was reviewed. He had been given a walking boot and arm swing after his injury. It was unclear to the requesting provider as to why the claimant's case was being transferred after six months were why the claimant was still using an arm swing and boot. When seen, he was having neck, back, right shoulder and elbow, and left ankle and foot pain. He was in a wheelchair and unable to stand. There was decreased range of motion. He had an elbow flexion contracture and elbow range of motion was from 30 to 90 degrees. Physical therapy was requested. The claimant is more than 6 months status post work-related injury and is being treated under the chronic pain treatment guidelines. There is no new injury and he has already had physical therapy. He appears to have a high degree of impairment which is not well explained, although it may be due to prolonged and unintended continued use of immobilization. Regardless, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be expected to determine whether additional therapy was likely to be effective. The request is not medically necessary.

Physical therapy 2 x 6 for the right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2014. He was seen by the requesting provider on 05/14/15 for an orthopedic evaluation. His history of injury was reviewed. He had been given a walking boot and arm swing after his injury. It was unclear to the requesting provider as to why the claimant's case was being transferred after six months were why the claimant was still using an arm swing and boot. When seen, he was having neck, back, right shoulder and elbow, and left ankle and foot pain. He was in a wheelchair and unable to stand. There was decreased range of motion. He had an elbow flexion contracture and elbow range of motion was from 30 to 90 degrees. Physical therapy was requested. The claimant is more than 6 months status post work-related injury and is being treated under the chronic pain treatment guidelines. There is no new injury and he has already had physical therapy. He appears to have a high degree of impairment which is not well explained, although it may be due to prolonged and unintended continued use of immobilization. Regardless, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal

reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be expected to determine whether additional therapy was likely to be effective. The request is not medically necessary.

Physical therapy 2 x 6 for the left ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2014. He was seen by the requesting provider on 05/14/15 for an orthopedic evaluation. His history of injury was reviewed. He had been given a walking boot and arm swing after his injury. It was unclear to the requesting provider as to why the claimant's case was being transferred after six months were why the claimant was still using an arm swing and boot. When seen, he was having neck, back, right shoulder and elbow, and left ankle and foot pain. He was in a wheelchair and unable to stand. There was decreased range of motion. He had an elbow flexion contracture and elbow range of motion was from 30 to 90 degrees. Physical therapy was requested. The claimant is more than 6 months status post work-related injury and is being treated under the chronic pain treatment guidelines. There is no new injury and he has already had physical therapy. He appears to have a high degree of impairment which is not well explained, although it may be due to prolonged and unintended continued use of immobilization. Regardless, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be expected to determine whether additional therapy was likely to be effective. The request is not medically necessary.