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| Case Number: | CM15-0140970 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 01/03/2014 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female who sustained an industrial injury on 1/3/14. She had complaints of neck, bilateral shoulder, bilateral wrist/hand and back pain. Treatments include: medication, physical therapy, acupuncture and occupational therapy. Progress report dated 6/3/15 reports continued complaints of cervical spine, right shoulder, right wrist and right hand pain. She had persistent neck pain rated 7-8 out of 10. The right shoulder pain is rated 8 out of 10. The pain radiates down the right hand with weakness and pain. The pain in her right wrist and hand is rated 8 out of 10. Diagnoses include: chronic cervical strain, right chronic trapezoidal strain, right shoulder partial rotator cuff tear, worsening, right hand sprain/strain and supraspinatus moderately severe tendinosis. Plan of care includes: request physical therapy with kinesio taping to the right shoulder 2 times per week for 4 weeks, request for flurbiprofen/baclofen/lidocaine cream 180 mg apply thin layer 2-3 times per day. Work status: return to modified work 6-3-15 with restrictions pushing, pulling and lifting is limited to 5 pounds with the right upper extremity. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with Kenesio taping to the right shoulder, twice weekly for four weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Review indicates the patient was authorized for right shoulder arthroscopy in 2014; however, it is unclear if the procedure has been completed. The patient has received at least 23 PT visits and 6 acupuncture sessions in 2014 along with 6 and recent 8 additional PT visits in 2015. Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. The submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. The Physical therapy with Kenesio taping to the right shoulder, twice weekly for four weeks is not medically necessary and appropriate.