

Case Number:	CM15-0143254		
Date Assigned:	08/04/2015	Date of Injury:	03/01/2012
Decision Date:	08/31/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
 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:

The injured worker is a 58-year-old female who sustained an industrial/work injury on 3-1-12. She reported an initial complaint of pain in right hand, neck, and right upper extremity. The injured worker was diagnosed as having disorders of bursae, cervicgia, chronic pain syndrome, rotator cuff syndrome, bicipital tenosynovitis, and ganglion, unspecified. Treatment to date includes medication, surgery (right shoulder), and therapy. Currently, the injured worker complained of continued right shoulder pain rated 3.5 out of 10 and fatigue. Per the primary physician's report (PR-2) on 6-26-15, exam revealed well healed incisions, restricted right shoulder range of motion. The requested treatments include 12 physical therapy visits (application of hot or cold packs, checkout for orthotic/prosthetic use) and 1 Referral to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits (application of hot or cold packs, checkout for orthotic/prosthetic use): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. In this case, the claimant has undergone an unknown amount of therapy over the past few years. There is no indication that additional therapy cannot be done at home. The 12 sessions requested exceed the guideline recommendations and is not medically necessary.

1 Referral to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment (Chapter pain disorder; section: therapeutic procedures, non-operative), Pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. In this case, the claimant is getting an MRI of the lumbar spine from another physician. The pain level is only 3.5/10. The request for a pain specialist and need for intervention or management of complex issues is not substantiated. In addition, the exam note did not include a lumbar spine exam with the request. The pain management request is not medically necessary.