

Case Number:	CM15-0185236		
Date Assigned:	09/25/2015	Date of Injury:	06/08/2012
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old female, who sustained an industrial injury on 6-8-12. The injured worker is being treated for headache, bilateral shoulder sprain-strain, insomnia, osteopenia, lumbosacral sprain-strain, bilateral foot plantar fasciitis and weight gain. X-ray of right and left ankles performed on 7-7-15 revealed degenerative enthesopathic changes, calcaneal attachment sites of Achilles tendon and plantar fascia; x-ray of right shoulder performed on 7-7-15 revealed greater tuberosity sclerosis; and x-ray of left shoulder performed on 7-7-15 revealed chondroid matrix mineralization, proximal humeral metaphysis and acromiohumeral space widening. Treatment to date has included oral and topical medications and activity modifications. On 7-24-15, the injured worker complains of neck pain radiating down to bilateral shoulders, elbows and bilateral wrist with diffuse tenderness of bilateral rotator cuff and subacromial space and low back pain radiating down to bilateral legs, knees, ankles and feet and bilateral crepitation. The pain is rated 7-9 out of 10. Physical exam performed on 7-24-15 revealed slightly restricted lumbar and cervical range of motion; decreased range of motion of bilateral shoulders and bilateral hips and knees. On 8-6-15, a request for authorization was submitted for physical therapy of bilateral feet 2 times a week for 4 weeks and bilateral shoulders 2 times a week for 4 weeks. On 9-1-15 a request for physical therapy for bilateral feet and shoulders 2 times a week for 4 sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral feet and bilateral shoulder 2 times 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, and Ankle and Foot Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity Alteration, Work Activities, Follow-up Visits, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy; Ankle & Foot Chapter, Physical Therapy.

Decision rationale: Regarding the request for Physical therapy for the bilateral feet and bilateral shoulder 2 times 4 sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by ODG for the diagnosed foot problem and more than the trial amount for the shoulders. Unfortunately, there is no provision for modification of the current request. As such, the current request for Physical therapy for the bilateral feet and bilateral shoulder 2 times 4 sessions is not medically necessary.