

Case Number:	CM15-0199629		
Date Assigned:	10/14/2015	Date of Injury:	08/03/2010
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/11/2015

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 68 year old female, who sustained an industrial injury on 6-3-2010. The injured worker is undergoing treatment for right shoulder strain with rotator cuff tear, left shoulder debridement, rotator cuff repair and Mumford procedure and left ankle repair of peroneal longus tendon tear and repair of anterior talofibular ligament. Medical records dated 8-27-2015 indicate the injured worker complains of intermittent shoulder pain radiating to the neck and upper back with weakness in the arms and left ankle numbness and burning pain radiating to the calf. The injured worker reports she has interrupted sleep about 6 hours a night and pain is increased with activity. The treating physician indicates she is not working. Physical exam dated 8-27-2015 notes cervical and trapezius tenderness to palpation and decreased range of motion (ROM). There is bilateral shoulder tenderness to palpation with positive Neer's and Hawkin's test. The left ankle is tender to palpation with decreased range of motion (ROM). Review of X- rays indicates evidence of removal of the distal end of the clavicle with metallic anchor sutures involving the greater tuberosity of the humerus of the left shoulder and metallic suture at the distal fibula of the left ankle. Treatment to date has included icy hot, left shoulder and left ankle surgery, physical therapy and medication. The original utilization review dated 9-17-2015 indicates the request for physical therapy 2X4 of the bilateral shoulders, physical therapy 2 X 4 of the left ankle and orthopedic consult and treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with neck pain radiating to the arms and to the elbows more so on the left side, right shoulder pain radiating to the wrist, left shoulder pain radiating to the forearm, upper back pain radiating upwards to her eyes, and left ankle pain. The request is for PHYSICAL THERAPY 2 X 4 FOR THE BILATERAL SHOULDERS. The request for authorization is not provided. Patient's diagnoses include cervical spine sprain/strain; lumbar spine sprain/strain; bilateral shoulder sprain/strain; left ankle sprain/strain. Physical examination of the shoulders reveal tenderness to palpation over the bilateral cervical paraspinal musculature, bilateral scapular region and trapezii as well as the anterior, posterior and lateral aspects of both shoulders. Muscle rigidity and spasms are also palpable. Exam of left ankle reveals a normal gait. The patient is able to walk on heels and toes without difficulty. There is tenderness over the left ankle and some swelling noted. The patient is being educated on a series of home exercises and injury prevention mechanisms. Patient's medications include Motrin and Tramadol Cream. Per progress report dated 09/09/15, the patient is retired. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. The patient continues with bilateral shoulder pain. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. Review of provided medical records show no prior sessions of Physical Therapy. In this case, the request for 8 sessions of Physical Therapy appears to be reasonable and within MTUS guidelines indication. Therefore, the request IS medically necessary.

Physical therapy 2 x 4 for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with neck pain radiating to the arms and to the elbows more so on the left side, right shoulder pain radiating to the wrist, left shoulder pain radiating to the forearm, upper back pain radiating upwards to her eyes, and left ankle pain. The request is for PHYSICAL THERAPY 2 X 4 FOR THE LEFT ANKLE. The request for authorization is not provided. Patient's diagnoses include cervical spine sprain/strain; lumbar spine sprain/strain;

bilateral shoulder sprain/strain; left ankle sprain/strain. Physical examination of the shoulders reveal tenderness to palpation over the bilateral cervical paraspinal musculature, bilateral scapular region and trapezii as well as the anterior, posterior and lateral aspects of both shoulders. Muscle rigidity and spasms are also palpable. Exam of left ankle reveals a normal gait. The patient is able to walk on heels and toes without difficulty. There is tenderness over the left ankle and some swelling noted. The patient is being educated on a series of home exercises and injury prevention mechanisms. Patient's medications include Motrin and Tramadol Cream. Per progress report dated 09/09/15, the patient is retired. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. The patient continues with left ankle pain. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. However, the patient has recently been authorized for 8 sessions of Physical Therapy. In this case, the request for another 8 sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

Orthopedic consult and treat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents with neck pain radiating to the arms and to the elbows more so on the left side, right shoulder pain radiating to the wrist, left shoulder pain radiating to the forearm, upper back pain radiating upwards to her eyes, and left ankle pain. The request is for ORTHOPEDIC CONSULT AND TREAT. The request for authorization is not provided. Patient's diagnoses include cervical spine sprain/strain; lumbar spine sprain/strain; bilateral shoulder sprain/strain; left ankle sprain/strain. Physical examination of the shoulders reveal tenderness to palpation over the bilateral cervical paraspinal musculature, bilateral scapular region and trapezii as well as the anterior, posterior and lateral aspects of both shoulders. Muscle rigidity and spasms are also palpable. Exam of left ankle reveals a normal gait. The patient is able to walk on heels and toes without difficulty. There is tenderness over the left ankle and some swelling noted. The patient is being educated on a series of home exercises and injury prevention mechanisms. Patient's medications include Motrin and Tramadol Cream. Per progress report dated 09/09/15, the patient is retired. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Treater does not discuss the request. In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested an Orthopedic Consult and Treat. The patient continues with bilateral shoulder and left ankle pain. Given the patient's condition, the request for an Orthopedic Consult and Treat appears reasonable. Therefore, the request IS medically necessary.