

Case Number:	CM15-0205407		
Date Assigned:	10/22/2015	Date of Injury:	05/29/1996
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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 52 year old male, who sustained an industrial injury on 5-29-96. The injured worker is diagnosed with ankle and foot villonodular synovitis, ankle sprain-strain, ankle-foot joint stiffness, soft tissues limb pain. His work status is full duty without restrictions. Notes dated 6-5-15 and 9-18-15 reveals the injured worker presented with complaints of right shoulder pain with decreased motion described as aching, throbbing, numbness, popping and clicking, weakness and stiffness. He also reports ankle pain with decreased motion described as aching, popping and clicking. He reports difficulty standing for prolonged periods and swelling after activity. Physical examinations dated 6-5-15 and 9-18-15 revealed right shoulder "boggy", 3+ effusion, "crepitus-snowball", "muscle tone-fasciculation", tenderness over the acromio-clavicular joint and biceps tendon and normal sensation. The right shoulder impingement test is positive. Range of motion is as follows; flexion, extension, abduction, adduction, internal rotation and external rotation are all -4 out of 5 and active range of motion, internal and external rotation, is 30 degrees. The left ankle is tender to palpation (4+ and localized), swelling is noted and the Tinel's sign is positive. A request for authorization dated 9- 23-15 for physical therapy 3 times a week for 4 weeks each for the right shoulder and left ankle is non-certified, per Utilization Review letter dated 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week X 4 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with pain in the right shoulder. The request is for Physical Therapy 3x week X 4 weeks Right Shoulder. Examination to the right shoulder on 07/10/15 revealed a decrease in range of motion. Per 06/05/15 progress report, patient's diagnosis include villonodular synovitis, ankle and foot; ankle sprain and strain; stiffness of joint, ankle and foot, and pain in tissues of limbs. Patient's work status was not specified. MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "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." In progress report dated 09/18/15, the treater is requesting physical therapy for the right shoulder to increase flexibility, range of motion, and strength. Review of the medical records provided did not indicate prior physical therapy. The patient continues with pain in the right shoulder. Given the patient's continued pain, a short course of therapy is reasonable and supported by the guidelines. However, the guidelines support up to 10 sessions of physical therapy and the request for 12 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.

Physical Therapy 3x week X 4 weeks Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: The patient presents with pain in the left ankle. The request is for Physical Therapy 3x week X 4 weeks Left Ankle. Physical examination to the left ankle on 07/10/15 revealed tenderness to palpation. Tinel's test was positive at the left ankle. Per 06/05/15 progress report, patient's diagnosis include villonodular synovitis, ankle and foot; ankle sprain and strain; stiffness of joint, ankle and foot, and pain in tissues of limbs. Patient's work status was not specified. MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "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." In progress report dated 09/18/15, the treater is requesting physical therapy for the left ankle to increase flexibility, range of motion, and strength. Review of the medical records

provided did not indicate prior physical therapy. The patient continues with pain in the left ankle. Given the patient's continued pain, a short course of therapy is reasonable and supported by the guidelines. However, the guidelines support up to 10 sessions of physical therapy and the request for 12 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.