

Case Number:	CM15-0035945		
Date Assigned:	03/04/2015	Date of Injury:	03/08/2011
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 March 8, 2011. The diagnoses have included rotator cuff disease, cervical radiculopathy, carpal tunnel syndrome, shoulder pain, and wrist pain. Treatment to date has included acupuncture, physical therapy, and medication. Currently, the injured worker complains of right shoulder pain and right hand pain. The Primary Treating Physician's report dated December 17, 2014, noted the injured worker's pain level had decreased since the previous visit. The injured worker's right third digit was noted to be developing a nodule and trigger finger. The right shoulder noted movement restricted with a positive Hawkin's test, and tenderness to palpation noted in the acromioclavicular joint, biceps groove, glenohumeral joint, and subdeltoid bursa. Tenderness to palpation was noted over the right wrist volar wrist, and the right hand thenar eminence with deep palpation. On February 23, 2015, Utilization Review non-certified six (6) additional sessions of physical therapy for the right shoulder, noting there was no documentation of functional improvement with prior physical therapy. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of six (6) additional sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of physical therapy (PT) for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) There is no documentation of functional improvement with previous physical therapy sessions. The patient underwent 6 sessions of physical therapy without clear documentation of efficacy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 6 additional sessions of physical therapy (PT) for the right shoulder is not medically necessary.