MAXIMUS Federal Services

Case Number:	CM15-0046932		
Date Assigned:	03/19/2015	Date of Injury:	12/29/2014
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 12/29/2014. She reported an injury to the right shoulder, right rib cage, right arm, elbow and wrist and right knee and ankle when she tripped on a step. The injured worker was diagnosed as having elbow pain, wrist pain, hip pain, rotator cuff syndrome of right shoulder, elbow strain and wrist sprain. Recent magnetic resonance imaging revealed complete tear of the biceps tendon, fraying of the right supra-spinous tendon and possible bursitis. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of right shoulder, right rib cage, right arm, elbow and wrist and right knee and ankle pain. In a progress note dated 12/29/2014, the treating physician is requesting additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 2, 6 sessions, to right shoulder, right elbow, thoracic, knee and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299, 339, 369, 212. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter, Ankle Chapter, Elbow Chapter; ACOEM Guidelines 2007, page 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 111.

Decision rationale: The case involves physical therapy referral request (3x2, 6 sessions, including right shoulder, right elbow, thoracic spine, knee, and ankle). Utilization review modified the request to one further visit to physical therapy in order to facilitate home exercise program recommendations for the thoracic spine. The patient is noted to have a rotator cuff tear and ruptured biceps tendon with pending orthopedic evaluation. Further therapy for the shoulder/biceps should be per orthopedic surgery recommendations as the patient may require operative management. With respect to the thoracic spine, a further visit to physical therapy for home exercise program planning is appropriate. There is no clear objective evidence of ankle symptoms in the provided records that indicate a need for physical therapy, and without exam findings consistent with a need for therapy, the requested body part is not indicated; additionally, the chronic pain MTUS guidelines do not recommend manual therapy and manipulation for the ankle, therefore clear objective and clinical reasoning must be included to support the request. At this time, it appears that the decision to modify the request per utilization review pending elaboration on ankle symptoms/exam findings and orthopedic evaluation of the shoulder is reasonable, and therefore the initial request cannot be considered medically necessary.