

Case Number:	CM14-0130370		
Date Assigned:	08/20/2014	Date of Injury:	03/21/2009
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old female with a date of injury of 3/21/09. The mechanism of injury was cumulative and repetitive and on the date of injury she was lifting a heavy box about 30 pounds onto a shelf when she started having pain. On 6/13/14, treatment to date included 24 chiropractic visits, 6 physical therapy visits, and 13 acupuncture visits. On 6/12/14 she complained of left shoulder and left wrist pain since the date of her injury. She has constant pain in the left shoulder that increases with range of motion. She feels that her shoulder locks when she tries to move it. The left upper arm experiences pain over the lateral aspect that has been worsening with time. The left wrist pain worsens when attempting to bear weight on it and was aggravated by gripping motions. There was swelling in her wrist and some bruising that developed after receiving physical therapy. She has had 4 sessions of therapy and continues to brace her wrist as needed. Exam of the left shoulder revealed no swelling, deformity or effusion. There was no pain with range of motion. The left wrist and hand revealed tenderness on the dorsal wrist capsule and no pain with range of motion. The diagnostic impression is rotator cuff tear, left shoulder, left shoulder bursitis, left wrist intercarpal DJD, and positive De Quervain's. Treatment to date: ESI, medication management, occupational therapy, EMG/NCV, chiropractic therapy, physical therapy, acupuncture therapy. A UR decision dated 7/14/14 denied the request for physical therapy (PT) 2x per week for 6 weeks for the neck/shoulder/back. The request for PT was denied because guideline criteria have not been met as there was no documentation of exceptional indications for therapy and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits. Formal supervised PT is not indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 x per week for 6 weeks, for the neck/shoulder/back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Shoulder Chapter

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The ODG guideline recommends 9 visits over 8 weeks for cervicalgia and 10 visits over 8 weeks for sprains and strains of the neck. ODG guideline recommends for rotator cuff syndrome or impingement syndrome 10 visits over 8 weeks. However, it appears that the patient has had 4 PT visits for the left wrist as stated on 6/12/14. On 6/13/14 it was noted that she had 6 PT visits to date. It is unclear the specifics of the PT visits. In any event, with the 6 PT visits to date and the additional request PT visits, this would be a total of 18 PT visits which would exceed the recommended number of 8 visits for cervicalgia, 10 visits for sprains and strains of the neck and/or 10 visits for shoulder impingement. It is unclear why the patient has not transitioned to a home exercise program at this time. Therefore, the request for physical therapy 2 x per week for 6 weeks for the neck/shoulder/back was not medically necessary.