

Case Number:	CM14-0178629		
Date Assigned:	10/31/2014	Date of Injury:	04/11/2014
Decision Date:	12/08/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 male patient with a date of injury of April 11, 2014. A utilization review determination dated October 22, 2014 recommends non-certification of physical therapy to bilateral shoulders two times per week for six weeks. A progress note dated October 7, 2014 identifies subjective complaints stating pain and strength in his shoulders is improving with therapy. Physical therapy reveals that there is slight AC tenderness on the left, AC tenderness on the right, there is a full range of motion, impingement sign is negative, and there is minimal tenderness over the FCR at the wrist. The diagnoses include bilateral AC joint sprains, right wrist sprain, and right FCR tenosynovitis. The treatment plan recommends continuing with physical therapy twice weekly for the next six weeks to work on stretching, modalities, and strengthening, and continue with Voltaren 100 mg #60. A physical therapy attendance report identifies that the patient has completed seven sessions of physical therapy as of October 1, 2014 and has 3 sessions pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to both shoulders, 2 x per week for 6 weeks,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 200.

Decision rationale: Regarding the request for physical therapy to bilateral shoulders 2 x per week for 6 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 9 therapy visits for the treatment of tenosynovitis. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the current number of visits being requested, along with the number already completed, exceeds the maximum visits recommended by guidelines for the patient's diagnoses. In light of the above issues, the currently requested physical therapy to bilateral shoulders 2 x per week for 6 weeks is not medically necessary.