MAXIMUS Federal Services

Case Number:	CM15-0003410		
Date Assigned:	01/14/2015	Date of Injury:	06/02/2014
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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 39 year old female with an industrial injury dated June 2, 2014. The injured worker was diagnosed with shoulder strain and sprain. She has been treated with prescribed medication, transcutaneous nerve stimulator unit, physical therapy and periodic follow up visits. In a progress note dated 12/01/14, the injured worker reported constant severe pain in her shoulder blades, right side of back, neck and right hip. Objective findings revealed tenderness of the right scapulocostal and range of motion is within functional limits. The treating physician prescribed services physical therapy 2x4 weeks of the bilateral shoulders now under review. On December 26, 2014, Utilization Review (UR) non-certified the request for physical therapy 2x4 weeks of the bilateral shoulders, citing MTUS and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicinework hardening programs Page(s): 98-99, 125-126. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) Chapter, Physical Therapy

Decision rationale: Based on the 10/08/14 progress report provided by treating physician, the patient presents with severe neck pain rated 8/10 travelling down to her hip. The request is for PHYSICAL THERAPY 2X4 WEEKS FOR THE BILATERAL SHOULDERS. Patient's diagnosis on 10/08/14 included shoulder strain and sprain. The patient is taking Lorzone which helps, and continues with TENS unit. The patient may work modified duty with restrictions.MTUS pages 98,99 has the following: "Physical Medicine: 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."ODG-TWC, Shoulder (Acute & Chronic) Chapter, ODG Physical Therapy Guidelines states: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks"MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.MTUS guidelines, page 125-126 also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less.Treater states in progress report dated 10/08/14 "please authorize x8 visits of physical therapy for work hardening so she can return to full duty." Per physical therapy notes from 06/25/14 to 10/24/14, the patient attended 13 sessions. There is no discussion of flare-up's or new injury to the shoulder, or why patient cannot move on to home exercise program. The request for 12 physical therapy sessions would exceed what is allowed by MTUS. Furthermore, a screening process prior to consideration for work conditioning program has not taken place. There are no prior functional capacity evaluations provided, and treater has not indicated that patient has the "ability to participate for a minimum of 4 hours day for 3-5 days/week," "within 4 weeks or less," per MTUS page 125-126. Therefore the request IS NOT medically necessary.