

Case Number:	CM15-0011790		
Date Assigned:	01/29/2015	Date of Injury:	05/03/2014
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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 York
 Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 5/3/2014. He has reported pain in the left shoulder and left ankle associated with neck and back pain with associated dizziness and headache. X-ray of the ankle 5/28/14 reported no acute finding and x-ray of the right shoulder significant for mild osteoarthritis of the right acromioclavicular joint. The diagnoses have included ankle sprain/strain and shoulder sprain/strain. Treatment to date has included analgesics, acupuncture with electrical stimulation to low back, and physical therapy. Currently, the IW complains of continued pain in left shoulder and left ankle rated 7-8/10 VAS. Physical examination from 12/11/14 documented tenderness to AC joint and shoulder with decreased range of motion, and tenderness to anterolateral aspect of the left ankle, positive inversion stressing, inability to tip toe or heel walk due to tightness and decreased Range of Motion (ROM) of the ankle. The plan of care included continuation of physical therapy. On 12/23/2014 Utilization Review non-certified additional physical therapy two (2) times weekly for four (4) weeks, left shoulder and left ankle, noting the medical records did not include documentation to support functional improvement from prior physical therapy treatment. The MTUS Guidelines were cited. On 1/21/2015, the injured worker submitted an application for IMR for review of additional physical therapy two (2) times weekly for four (4) weeks, left shoulder and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice weekly, left shoulder and left ankle, per 12/11/14 Rx
QTY: 8.00: Upheld

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

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of musculoskeletal pain. Recommendations state that for most patients with more severe acute and subacute pain sessions are indicated as long as functional improvement and program progression are documented. 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. 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. Medical necessity for the requested additional physical therapy sessions has not been established. There is no documentation of functional improvement from prior completed sessions. Medical necessity for the requested service has not been established. The requested service is not medically necessary.