

Case Number:	CM15-0125443		
Date Assigned:	07/10/2015	Date of Injury:	06/05/2014
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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 35-year-old male who sustained an industrial /work injury on 6/5/14. He reported an initial complaint of left upper extremity pain. The injured worker was diagnosed as having cervical and thoracic musculoligamentous strain/sprain; lumbosacral disc protrusion; bilateral shoulder sprain/strain and tendinosis, right shoulder rotator cuff tear/bursitis, tendinosis/labral tear; bilateral elbow, hip, wrist, knee, and foot sprain/strain. Treatment to date includes medication and physical therapy. Currently, the injured worker complained of pain in the left shoulder and elbow with pain and numbness in the left wrist. Pain was rated 4-5/10. Per the primary treating physician's progress report (RP-2) on 4/9/15, exam reveals left shoulder tenderness with palpation and restricted range of motion, positive impingement and supraspinatus tests. The left elbow exam revealed tenderness to palpation with positive Cozen's test. The left wrist exam noted tenderness with palpation and positive Tinel's test. Current plan of care included continue physical therapy. The requested treatments include Physical Therapy session for lower leg, shoulder(s), and upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times wkly for 4 wks, 12 session for Lower Leg, Shoulder(s), Upper Arm: 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: Shoulder; Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 04/09/15 progress report provided by treating physician, the patient presents with pain to neck, mid/upper back, bilateral shoulders, bilateral elbows, bilateral hips, bilateral knees, bilateral feet, and low back pain that radiates to the bilateral legs. The request is for PHYSICAL THERAPY, 3 TIMES WKLY FOR 4 WKS, 12 SESSION FOR LOWER LEG, SHOULDER(S), UPPER ARM. Patient's diagnosis per Request for Authorization form dated 06/15/15 includes pain in joint lower leg, sprains and strains of shoulder and upper arm. Physical examination on 04/09/15 revealed grade 2 tenderness to palpation to the bilateral shoulders, elbows, wrists, hips and knees. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Meloxicam, Omeprazole, Naproxen and Cyclobenzaprine, The patient is temporarily totally disabled, per 04/09/15 report. MTUS Chronic Pain Management Guidelines, 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. RFA dated 04/09/15 states "continue physical therapy for evaluation and treatment of the left shoulder." RFA dated 06/15/15 was provided with the request. Given the patient's continued pain, a short course of physical therapy would appear to be indicated. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor is reason patient unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.