

Case Number:	CM15-0173995		
Date Assigned:	09/15/2015	Date of Injury:	01/02/2013
Decision Date:	10/15/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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, Indiana, 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 44 year old female, who sustained an industrial injury on 1-2-2013. Medical records indicate the worker is undergoing treatment for chronic neck pain-improved, status post right thumb laceration with residual painful motion, status post left 4th finger laceration with surgical repair with residual motion loss, right ankle strain and complaints of depression, anxiety and difficulty sleeping. A recent progress report dated 7-16-2015, reported the injured worker complained of neck pain rated 6 out of 10 radiating to the bilateral shoulders (right shoulder rated 8 out of 10 and left shoulder rated 6 out of 10) and physical therapy is documented to have helped. The injured worker also complained of right ankle pain with prolonged walking-sanding rated 7 out of 10 and right hand pain rated 7 out of 10. The H wave device is documented as helping with pain in the neck, shoulders and right ankle. Physical examination revealed cervical spine tenderness to the paraspinal muscles, right thumb tenderness and right ankle tenderness. Jamar grip strength: right 24-22-20 and left 20-18-18. Treatment to date has included surgery, physical therapy (approximately 18 visits for the neck and right ankle), naproxen and Omeprazole. The physician is requesting Physical Therapy 2 x a week x 3 weeks for the right ankle and shoulders. On 8-24-2015, the Utilization Review noncertified the request for Physical Therapy 2 x a week x 3 weeks for the right ankle and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x a week x 3 weeks for the right ankle & right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the right ankle and right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic neck pain improved; status post right thumb laceration with residual painful motion; status post left fourth finger laceration and surgical repair with residual loss of motion; right ankle strain; and complaints of depression, anxiety and difficulty sleeping, improved. Date of injury is January 2, 2013. Request for authorization is July 20, 2015. According to a July 16, 2015 progress note, subjective complaints include neck pain, right shoulder pain, right ankle pain and right hand pain. Physical therapy helps. Objectively, there is tenderness to palpation over the cervical paraspinal muscle groups, tenderness over the shoulder and tenderness about the ankle. There are no physical therapy progress notes that the medical record. The total number of physical therapy sessions is not documented in the medical record. The utilization review states the injured worker received 18 physical therapy sessions to the neck and right ankle. The documentation does not demonstrate objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation indicating the total number of physical therapy sessions and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times three weeks to the right ankle and right shoulder is not medically necessary.