

Case Number:	CM15-0065236		
Date Assigned:	04/13/2015	Date of Injury:	07/16/2014
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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, 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 64 year old female who sustained an industrial injury on July 16, 2014. She has reported injury to the right shoulder, right wrist and hand. and has been diagnosed with fracture right wrist ORIF, cervical spine strain, and tendinitis right shoulder. Treatment has included medication and physical therapy. Currently the injured worker had tenderness on the right side of her neck and right trapezius. There was restricted range of motion to the right shoulder. The treatment request included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, 12 sessions: Upheld

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

MAXIMUS 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) Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine, 12 sessions 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 fracture right wrist open reduction internal fixation (ORIF) August 6, 2014; cervical spine strain; and tendinitis right shoulder. An undated progress note, subjectively, states the injured worker sustained an injury to the right wrist, neck and right shoulder. The neck is stiff and painful. The right shoulder is stiff with pain going into the arm. Objectively, there is tenderness to the right side of the cervical spine. The right shoulder is tender with restricted range of motion. The right wrist and hand are tender with a restricted range of motion. The medical record contains documentation of physical therapy. The physical therapy notes, however, do not contain body parts that are being treated. Utilization review states the injured worker received 24 physical therapy sessions. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Additionally, there is no objective functional improvement associated with the progress note documentation based on the absence of body parts documented in the respective notes. Consequently, absent clinical documentation with objective functional improvement of specific regional body parts treated and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy cervical spine, 12 sessions is not medically necessary.

Physical therapy for the right wrist, 12 sessions: Upheld

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

MAXIMUS 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) Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right wrist, 12 sessions 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 fracture right wrist open reduction internal fixation (ORIF) August 6, 2014; cervical spine strain; and tendinitis right shoulder. An undated progress note, subjectively, states the injured worker sustained an injury to the right wrist, neck and right shoulder. The neck is stiff and painful. The right shoulder is stiff with pain going into the arm. Objectively, there is tenderness to the right side of the cervical spine. The right shoulder is tender with restricted range of motion. The right wrist and hand are tender with a restricted range of motion. The medical record contains documentation of physical therapy. The physical therapy notes, however, do not contain body parts that are being treated. Utilization review states the injured worker received 24 physical therapy sessions. There are no compelling clinical facts in the medical record indicating additional physical therapy is

clinically warranted. Additionally, there is no objective functional improvement associated with the progress note documentation based on the absence of body parts documented in the respective notes. The utilization review certified 12 sessions of physical therapy between March 20, 2015 and May 4, 2015 (review number #212159). The clinical rationale for approval is unclear based on the documentation. Consequently, absent clinical documentation with objective functional improvement of specific regional body parts treated and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy right wrist, 12 sessions is not medically necessary.

Physical therapy for the right shoulder, 12 sessions: Upheld

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

MAXIMUS 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) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right shoulder, 12 sessions 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 fracture right wrist open reduction internal fixation (ORIF) August 6, 2014; cervical spine strain; and tendinitis right shoulder. An undated progress note, subjectively, states the injured worker sustained an injury to the right wrist, neck and right shoulder. The neck is stiff and painful. The right shoulder is stiff with pain going into the arm. Objectively, there is tenderness to the right side of the cervical spine. The right shoulder is tender with restricted range of motion. The right wrist and hand are tender with a restricted range of motion. The medical record contains documentation of physical therapy. The physical therapy notes, however, do not contain body parts that are being treated. Utilization review states the injured worker received 24 physical therapy sessions. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Additionally, there is no objective functional improvement associated with the progress note documentation based on the absence of body parts documented in the respective notes. Consequently, absent clinical documentation with objective functional improvement of specific regional body parts treated and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy right shoulder, 12 sessions is not medically necessary.