MAXIMUS Federal Services

Case Number:	CM15-0065984		
Date Assigned:	04/13/2015	Date of Injury:	03/25/2014
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
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 27 year old male, who sustained an industrial injury on 3/25/2014. He reported being hit in the back and falling on his elbow. Diagnoses have included right brain stroke secondary to presumed to be from traumatic dissections of one of the vertebral arteries, Parkinson's syndrome on the left, complex regional pain syndrome (CRPS) centrally generated of the left arm and left leg and neuralgic pain of the left arm. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 10/28/2014, the injured worker was seen for follow up. He had left hemiparesis and involuntary spasticity and dystonia of the left arm and leg. He had allodynia of the left arm. He complained of left shoulder ache; this and the range of motion of the left shoulder were helped with Sinemet. He had difficulty using the left leg. Physical exam of the neck revealed spasm and pain to palpation of the paraspinous muscles and trapezius areas on the left. Authorization was requested for physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 12 sessions to the left 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 right brain stroke secondary to presumed traumatic dissection of one of the vertebral arteries; Parkinson's syndrome; CRPS, centrally generated of the left arm and leg; and neuralgic pain of the left arm. The injured worker has a left hemiparesis. The request for authorization is dated March 26, 2015. The medical record contains 44 pages and two progress notes. The progress notes are dated September 16, 2014 and October 28, 2014. There is no contemporaneous documentation on or about the request for authorization date (March 26, 2015). The October 28, 2014 progress note shows the injured worker received 12 occupational therapy/physical therapy sessions. PT /OT was prescribed to help the injured worker with range of motion and TDL coping skills. There were no progress notes in the medical record reflecting objective functional improvement. There were no progress notes in the medical record indicating subjective improvement. According to the utilization review, there was no documentation indicating why a home exercise program could not have been initiated by the injured worker. Consequently, absent compelling clinical documentation with objective functional improvement from prior physical therapy and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy 12 sessions to the left shoulder is not medically necessary.