

Case Number:	CM15-0077427		
Date Assigned:	04/29/2015	Date of Injury:	08/01/2012
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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 Jersey
 Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on 8/1/12 involving her right shoulder. The injured worker currently complains of burning right shoulder pain radiating down the right arm and hand with intensity of 6/10. Physical therapy facilitates decreased pain and improved range of motion. Medication is Tramadol. Diagnoses include status post remote right shoulder surgery (6/2013); complex regional pain syndrome right upper extremity. In the progress note dated 2/18/15 the treating provider's plan of care includes requests for pain management consult as the injured worker was uncomfortable with the initial pain management physician; additional physical therapy for the right shoulder three times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times a week for four weeks (12 sessions) for the right shoulder: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there was evidence of having completed a sufficient number of sessions of supervised physical therapy of the right shoulder to where the worker should be able to perform home exercises in order to continue the physical medicine. There was no evidence found in the documentation provided to suggest this worker was unable to perform these home exercises for her shoulder or why she required supervision. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was already a referral to a pain specialist for consultation, however, no report regarding this visit was provided for review. In the notes provided, it revealed that the worker was uncomfortable with the first pain specialist and requested a different referral physician. Although there was no information provided about the first specialist's consultation, if the worker was not comfortable, it is reasonable to seek a referral for a different physician and therefore the request for a second pain specialist consultation is reasonable and medically necessary as long as there is only one assigned pain specialist chosen for care.