

Case Number:	CM15-0097881		
Date Assigned:	05/28/2015	Date of Injury:	10/13/2010
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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(n) 49-year-old male, who sustained an industrial injury on 10/13/10. He reported losing his balance and falling while holding a 60 pound bag of concrete. He injured his neck, shoulder and upper back. The injured worker was diagnosed as having cervical radiculopathy, cervical stenosis, ulnar neuropathy, left elbow and wrist pain and right shoulder pain. Treatment to date has included physical therapy x 24 sessions, an EMG/NCV of the upper extremities, a cortisone injection and a left shoulder MRI on 9/2/14 showing an intact rotator cuff repair. On 10/20/14, the injured worker reported persistent shoulder pain. Objective findings include forward flexion 160 degrees, external rotation 70 degrees, extension 40 degrees and internal rotation 40 degrees. By 12/3/14, the injured worker's range of motion is reported as near normal and plus two positive impingement signs. As of the PR2 dated 3/31/15, the injured worker reports no change in his symptoms and no change in his examination. He continues with work restrictions of no lifting, pushing or pulling greater than 20 pounds. The treating physician requested physical therapy x 12 session to the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy X12, left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment." (Fritz, 2007) There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy sessions. There is no documentation of the outcome of previous 24 physical therapy sessions and home exercise. . There is no documentation supporting additional physical therapy sessions. Therefore, Physical therapy X12, left upper extremity is not medically necessary.