

Case Number:	CM14-0144524		
Date Assigned:	09/12/2014	Date of Injury:	02/06/2014
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old female who had open reduction and internal fixation of the right ankle in February 2014. Because of altered walking mechanics she developed knee pain and because of the use of crutches developed right shoulder pain and scapular winging. She has undergone 23 sessions of physical therapy for the right ankle and the right knee. The request for authorization form dated 9/8/2014 specifically requests 12 therapy sessions for the left shoulder. The applicable diagnoses are scapulohumeral fibrositis and scapular dysfunction. The physical exam reveals right scapular winging, dyskinesia, posterior crepitus, and multidirectional instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Shoulder Section, Physical Therapy.

Decision rationale: The ODG physical therapy guidelines for general medical conditions: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-

directed home PT Myalgia and myositis, unspecified (ICD9 729.1):9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. For the shoulder specifically, long thoracic nerve injuries and resultant scapular winging are not specifically addressed in terms of physical therapy treatment numbers or duration. However, the guidelines do allow for 14 visits over six weeks for brachial plexus lesions, the only shoulder compressive neuropathy specifically mentioned in the text. Therefore, 12 additional physical therapy sessions specifically for the right shoulder dysfunction is medically necessary.