

Case Number:	CM15-0125097		
Date Assigned:	08/25/2015	Date of Injury:	06/05/2013
Decision Date:	10/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28-year-old man sustained an industrial injury on 6-5-2013. The mechanism of injury is not detailed. Diagnoses include thoracic spine muscle spasm, thoracic pain, thoracic spine sprain-strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain-strain, right carpal tunnel syndrome, right DeQuervain's disease, right wrist sprain-strain, rule out right knee meniscus tear, right ankle pain, right ankle sprain-strain, rule out right ankle internal derangement, antalgic gait, anxiety, depression, and irritability. Treatment has included oral medications. Physician notes on a PR-2 dated 6-11-2015 show complaints of thoracic spine pain rated 8 out of 10 with radiation to the upper back, right shoulder pain rated 9 out of 10 with radiation to the neck and stiffness, right wrist pain rated 8 out of 10 with radiation to the fingers and elbow, right knee pain rated 9 out of 10 with radiation to the right ankle, right ankle pain rated 9 out of 10 with radiation to the toes and feet, depression, anxiety, and irritability. Recommendations include electromyogram and nerve conduction studies of the bilateral upper and lower extremities, podiatry consultation, physician consultation for medication management, physical therapy, psychiatric consultation, functional capacity program, extracorporeal shockwave therapy, chiropractic care, orthopedic consultation, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for multiple body parts 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: The patient presents with pain in the upper/mid back, right shoulder radiating to neck, right wrist radiating to elbow and fingers, right knee radiating to right ankle, and right ankle radiating to toes. The request is for physical therapy for multiple body parts 2 times a week for 4 weeks. The request for authorization is dated. NCS of the upper extremity, 06/02/15, shows within normal limits. Physical examination of the thoracic spine reveals tenderness to palpation of the thoracic paravertebral muscles; there is muscle spasm of the thoracic paravertebral muscles; Kemp's causes pain bilaterally. Exam of right shoulder reveals the range of motion are decreased and painful; tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder; Supraspinatus Press is positive. Exam of right wrist reveals decreased median nerve sensation; tenderness to palpation of the lateral wrist and volar wrist; Phalen's is positive. Exam of right knee reveals ranges of motion are decreased and painful; tenderness to palpation of the anterior knee. Lateral knee, medial knee and posterior knee; McMurray's is positive. Exam of right ankle reveals +swelling, TTP ATFL, ranges of motion are decreased and painful; tenderness to palpation of the anterior ankle, anterior talofibular ligament and lateral ankle; inversion test is positive. Patient is to continue ESWT to increase functional capacity, increase range of motion, increase activities of daily living and decrease pain for right wrist, right ankle. Per progress report dated 06/11/15, the patient to remain off work. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/11/15, treater's reason for the request is "to increase ROM, increase Activities of daily living and decrease pain." In this case, the patient continues with pain to multiple body parts. Given the patient's condition, a short course of physical therapy would appear to be indicated. Review of provided medical records indicate at least 13 previous sessions of Physical Therapy. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the current request for additional 12 sessions of PT exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.