

Case Number:	CM13-0009671		
Date Assigned:	09/17/2013	Date of Injury:	04/26/2013
Decision Date:	01/13/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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.

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 underlying date of injury in this case is 04/26/2013. The primary diagnosis is 719.41, shoulder pain. The patient is a 57-year-old man who was initially injured with the mechanism of injury of lifting a heavy load. The treating diagnoses in the medical records include chronic cervical strain with possible discopathy, chronic thoracolumbar strain with possible discopathy and radiculopathy, chronic right shoulder strain with impingement, chronic right elbow strain with ulnar nerve paresis, chronic right wrist sprain with extensor tenosynovitis, mild sleep disorder, and mild stress/anxiety/depression. An initial physician review noted that the patient had been treated with medications as well as an unspecified number of physical therapy sessions by a previous provider and six additional sessions by the current physical therapy provider. The physician reviewer concluded that the medical records did not support a rationale for additional supervised therapy as opposed to an independent home rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home physical medicine." The medical records at this time do not provide a rationale as to why this patient would have required additional supervised as opposed to independent home rehabilitation. The medical records do not support this request. This request is not medically necessary.