

Case Number:	CM13-0017738		
Date Assigned:	11/27/2013	Date of Injury:	06/08/2007
Decision Date:	01/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	08/28/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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. 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:

Pt is a 43 year-old female Baker/Cake Decorator who reported a gradual onset of extensor and flexor elbow pain and back of shoulder up to her neck on 06/08/07. The left upper extremity and Neck has been accepted by the carrier. The issue presented is whether 8 sessions of PT is medically necessary.

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): 99.

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

Decision rationale: The Physician Reviewer's decision rationale: Eight (8) physical therapy sessions is not medically necessary per MTUS guidelines. Patient has had 12 PT visits between 5/2/13-7/1/13 in addition to multiple therapy sessions in the past since her injury. At this point there is no indication from documentation of extenuating circumstances requiring the need for

additional therapy visits beyond the MTUS guideline recommendations. Patient should be well versed by now in her home exercise program