

Case Number:	CM13-0019885		
Date Assigned:	10/11/2013	Date of Injury:	04/07/2010
Decision Date:	01/17/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

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 & 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. 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 patient is a fifty eight year old female who reported an injury on 04/07/2010. Her symptoms include pain in the left arm, including the elbow and wrist. The physical exam noted cervical range of motion as extension 20 degrees with pain, full flexion, lateral rotation to 55 degrees, lateral flexion 30 degrees with pain, and it was noted that facet stress was positive. Other objective findings included 4/5 motor strength throughout the upper extremities, no sensory deficit, decreased range of motion of the left shoulder, and decreased range of motion and tenderness of the left elbow and wrist. Her diagnoses were listed as shoulder joint pain, wrist joint pain, hand joint pain, and carpal tunnel syndrome. A request was made for physical therapy, 2 times a week, for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that physical medicine is recommended and is based on the philosophy that therapeutic exercise is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The California Guidelines recommend 9 to 10 visits over 8 weeks for general myalgia. More specifically, the Official Disability Guidelines recommend physical therapy for a sprained shoulder as 10 visits over 8 weeks with an initial trial of 6 visits. Following the trial, further therapy may be recommended with documentation of objective functional gains. As the request for 12 physical therapy sessions exceeds the recommended visits by California MTUS and Official Disability Guidelines, the request is non-certified