

Case Number:	CM13-0026415		
Date Assigned:	10/11/2013	Date of Injury:	07/28/2012
Decision Date:	07/25/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 34 year old male with a date of injury on 7/28/2012. Diagnoses are of right wrist tendinitis, right elbow ulnar entrapment, right shoulder sprain, right forearm tendinitis, and left shoulder sprain. Subjective complaints are of right wrist and elbow pain, and bilateral shoulder pain. Physical exam from 8/2/2013 shows no tenderness over both shoulders, positive Tinel's at right elbow with medical epicondyle tenderness, full range of motion, and swelling and tenderness over the dorsal aspect of the wrist. Prior treatment consists of medications and rest. Submitted documentation mentions physical therapy in multiple notes, but in is unclear if therapy had been done. The request is for 12 sessions of physical therapy for the shoulders, wrist, and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x Week x 6 Weeks Right Wrist/Elbow/Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Hand/Wrist, Physical Therapy.

Decision rationale: The ODG indicates that for medical treatment of shoulder strains, 10 visits over 8 weeks are indicated. The ODG also indicates that medical treatment for wrist/hand/elbow strains, 9 visits over 8 weeks are indicated. For this injured worker, there is also no documented range of motion or muscle strength deficit that would warrant physical therapy for multiple body parts, and it is unclear the amount of prior physical therapy that has been completed. Therefore, the medical necessity of physical therapy for multiple body parts is not established at this time.