

Case Number:	CM13-0030224		
Date Assigned:	11/27/2013	Date of Injury:	04/28/2013
Decision Date:	01/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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, Pain Management, has a subspecialty in Interventional Spine, 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:

Patient is 46 year old male with date of injury 4/28/13. Diagnoses are sprain shoulder and arm; sprain elbow and forearm; and neck sprain. The request for 6 sessions of therapy was denied by [REDACTED] utilization review (UR) letter from 9/11/13 with the reason that the documentation lacked objective support for the requested additional therapy. Review of report from 8/29/13 states that the patient is to return to full duty without restrictions. On 8/12/13 reports, patient has not had physical therapy but just chiro treatments, taking medications as prescribed, working modified duty, doing home exercises. The patient was to return full duty. On 6/11/13 reports again states that the patient has not had therapy but chiro treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

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

Decision rationale: This patient suffers from sprain of elbow, forearm, shoulder and neck. The review of the reports repeated state that the patient has had chiropractic treatments but no therapy. There is a request for physical therapy (PT) 6 sessions per report dated 8/29/13.

Unfortunately, this report is missing from the file provided. The reports from 8/12/13 and prior ones were reviewed. There is a return work note from 8/29/13, but no discussion as to why therapy is being requested. Recommendation is for authorization. Since MTUS allows for therapy treatment apart from chiropractic and the provider documents that the patient has not had therapy, having been treated with chiropractic treatments only. The request for physical therapy is certified.