

Case Number:	CM13-0031672		
Date Assigned:	12/04/2013	Date of Injury:	07/24/2011
Decision Date:	01/13/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine 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:

Patient is a 44-year-old male with a cumulative trauma injury attributed it to heavy lifting and carrying. The date of injury is July 24, 2011. The claim includes bilateral shoulders, arms, elbows, wrists, fingers and psych. PR-2 dated August 12, 2013 states the patient complains of mid back pain, right shoulder pain, left's shoulder pain, bilateral wrist and hand pain. The patient was prescribed physical therapy 12 visits per bilateral upper extremities. The patient has had previous is the therapy of bilateral upper extremities in April 2013. There is no documentation of the benefit from these previous treatments. There is no documentation of a home exercise program. There's indication the patient has had more than 24 PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right and left upper extremities x 12 seeions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132.

Decision rationale: CA MTUS chronic pain guidelines suggest that physical medicine on page 132, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks" In this case, CA MTUS gave the recommendation of 9 to 10 visits over an eight week period for myositis. The request for occupational therapy exceeds guidelines. Therefore this request is not medically necessary.

Physical therapy for the thoracic spine x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation ODG physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 132.

Decision rationale: CA MTUS chronic pain guidelines suggest that physical medicine on page 132, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks" In this case, CA MTUS gave the recommendation of 9 to 10 visits over an eight week period for myositis. The request for occupational therapy exceeds guidelines. Therefore this request is not medically necessary.

Physical therapy for the thoracic spine x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation ODG, Web version, 2004 Shoulder section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 132.

Decision rationale: CA MTUS chronic pain guidelines suggest that physical medicine on page 132, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks" In this case, CA MTUS gave the recommendation of 9 to 10 visits over an eight week period for myositis. The request for occupational therapy exceeds guidelines. Therefore this request is not medically necessary.