

Case Number:	CM13-0034986		
Date Assigned:	12/11/2013	Date of Injury:	03/16/2012
Decision Date:	02/13/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/16/2013

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, 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:

The patient has a date of injury of 3/16/12. In 2005, she developed gradual pain in her right shoulder, neck, right arm, and hand. She self-treated with over-the-counter ibuprofen as she was afraid of losing her job if she reported her symptoms. A week before the industrial accident on March 16, 2012, she reported her symptoms of pain, numbness, and tingling in her right shoulder, right upper extremity, and her right leg to her supervisor. She also experienced pain in her lower back. On March 16, 2012, when she was moving a box of paper weighing 3 pounds which she cut using the Guillotine to another station, she suddenly experienced a shooting pain extending from her right shoulder throughout her arm and through the right side of her back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 12 sessions of physical therapy (PT) for the low back are not necessary per MTUS guidelines. The patient has had at least 19 PT sessions in the past for her low back. She should be well versed in a home exercise program. An additional 12 sessions of PT for the low back would be excessive and not within guideline recommendations.

Physical therapy for the right upper extremity (12-18 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Physical Therapy, Carpal Tunnel Treatment.

Decision rationale: The 12-18 sessions of physical therapy for the right upper extremity (elbow wrist and hand) are not medically necessary per MTUS and ODG guidelines. The patient has had improvement in the right elbow lateral epicondylitis symptoms as well as the right wrist extensor tenosynovitis, after injection. Per guidelines for lateral epicondylitis, in the event that the patient is either incapable of performing home exercises, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no evidence from documentation submitted that patient is unable to comply with a home exercise program. The carpal tunnel recommended therapy visits have been completed. Per the guidelines, the patient would be expected to be knowledgeable in a home exercise program. Additionally, the patient has not yet completed all of the approved sessions for her wrist. She has also completed therapy for her right shoulder. The patient has exceeded the recommended number of PT visits for the shoulder per MTUS guidelines.