

Case Number:	CM13-0036373		
Date Assigned:	12/13/2013	Date of Injury:	06/27/2011
Decision Date:	02/18/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 and is licensed to practice in Texas and Oklahoma. 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 71-year-old female who reported a work related injury on June 27, 2011, as the result of cumulative trauma to the cervical spine and lumbar spine, left shoulder, left elbow, left wrist and hand. Subsequently, the patient presents for treatment of the following diagnoses, left shoulder internal derangement, left lateral epicondylitis, left De Quervain's tenosynovitis, and left carpal tunnel syndrome. The clinical note dated November 12, 2013 reports that the patient was seen under the care of [REDACTED] for treatment of listed diagnoses. The provider documented, upon physical exam of the left shoulder, positive drop arm test was present, anterior shoulder was tender upon palpation, and range of motion was severely decreased in flexion and abduction. The provider documented that the physical exam of the left wrist revealed positive Tinel's and Phalen's, decreased grip strength, sensation reduced at the left median nerve distribution. Left lateral elbow was tender upon palpation. úú

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times per week for four (4) weeks, for the left upper extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The clinical documentation submitted for review reports that the patient has utilized over 30 sessions of physical therapy for her work related injury pain complaints. The clinical notes do not indicate when the patient last utilized supervised therapeutic interventions, efficacy, duration, or quantifiable documentation of objective functional gains to support further supervised therapies. The California MTUS indicates, to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for physical therapy 3 times a week for 4 weeks for the left upper extremity is not medically necessary or appropriate.