

Case Number:	CM13-0036743		
Date Assigned:	03/19/2014	Date of Injury:	10/01/2006
Decision Date:	05/02/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Preventative 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 expert 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 Female claimant sustained a work injury on 2/1/01, resulting in neck, shoulder, arm and wrist pain. She had a diagnosis of bilateral shoulder tendonitis and carpal tunnel. Prior treatments have included shoulder injections, Norco, Gabapentin, H-wave therapy, and several months of physical therapy twice a week (since at least April 2013). An office visit on 8/6/13 indicated continued biceps pain and carpal tunnel symptoms, with improved range of motion of the shoulders. A request was made for additional physical therapy was made for two (2) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine is recommended. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For a diagnosis of myalgia

and myositis, nine to ten (9-10) visits are recommended over eight (8) weeks. For neuralgia, neuritis, and radiculitis, eight to ten (8-10) visits over four (4) weeks are recommended. For reflex sympathetic dystrophy, twenty-four (24) visits over sixteen (16) weeks are recommended. In this case, the claimant exceeded the amount of therapy recommended above. Further therapy can be done at home with education. The physical therapy request above is not medically necessary.