

Case Number:	CM13-0037199		
Date Assigned:	03/19/2014	Date of Injury:	12/27/2007
Decision Date:	04/25/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery and is licensed to practice in Georgia and Texas. 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 50-year-old female with a diagnosis of cervical spine strain, thoracic spine strain, right shoulder strain, probable left shoulder internal derangement, right elbow strain, left elbow strain, status post left carpal tunnel release, status post right carpal tunnel release, other problems unrelated to current evaluation. The patient was seen on 07/16/2013 for complaints of pain to left wrist/hand, right shoulder/arm, left shoulder/arm, right elbow, forearm, left elbow, forearm, upper back, right wrist/hand. The date of injury was 04/13/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY (2) TIMES A WEEK FOR (6) WEEKS- CERVICAL/THORACIC SPINE, BILATERAL WRIST AND SHOULDER: Upheld

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

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

Decision rationale: The most recent office note is from 07/16/2013. The employee was in office for a follow-up visit. The employee had complaints of pain to the bilateral wrists, hands, shoulders, forearms, and upper back. The note is handwritten and difficult to read. There was no

notation of medications the employee was currently on. In addition, there was no notation of the numerical objective pain level the employee was having upon arrival for the appointment and no pain assessment was completed during this office visit. The employee was complaining of increased numbness in the hands for the past 2 months. On exam, the physician noted for range of motion cervical spine flexion was 45 degrees, extension 50 degrees, right lateral bending 35 degrees, left lateral bending 35 degrees, muscle testing all were 5/5. Light touch sensation tests, all were noted to be intact. The employee is diagnosed with cervical spine strain, thoracic spine strain, right shoulder strain, probable left shoulder internal derangement, right elbow strain, left elbow strain, status post left carpal tunnel release, status post right carpal tunnel release. The MTUS Guidelines do recommend that physical therapy criteria for myalgia, myositis, unspecified is 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified, is 8-10 visits over 4 weeks. Documentation provided did note that the employee was having pain to upper extremity hand, wrist, shoulder, arm, elbow, forearm, and the upper back. There was no continuation of pain assessment completed on how the employee was progressing and/or if the pain level had decreased. The employee also had complaints of numbness in bilateral hands for about the past 2 months. There was no documentation of medication list and/or if the medication had been effective with helping with the pain level for the employee. Documentation provided was lacking in support of a need for physical therapy. Therefore, the request is non-certified.