

Case Number:	CM13-0038545		
Date Assigned:	12/18/2013	Date of Injury:	06/16/2004
Decision Date:	03/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Interventional Spine 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:

This is a 35 year-old female with a 6/16/04 industrial injury claim. She has been diagnosed with: cervical strain; bilateral shoulder strain; bilateral elbow medical epicondylitis and cubital tunnel syndrome; and something else that is not legible on the 9/13/13 PR2 from [REDACTED]. The IMR application shows a dispute with the 10/11/13 UR decision. This decision appears to be from [REDACTED] and based on review of medical records including progress notes dated 10/3/13, 10/1/13, and 9/25/13. Unfortunately, none of those reports were included for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one (1) time a week for six (6) weeks for the cervical spine, bilateral shoulders, elbows and wrists: Upheld

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

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

Decision rationale: MTUS guidelines recommend 8-10 PT visits for various myalgias and neuralgias. The records show this patient had 6 sessions of PT from 5/13/13 to 8/7/13 and

continued with PT through 9/17/13, but the daily PT notes for that timeframe were not provided for this IMR. The records show there were at least 7 PT sessions provided, and when combined with the current request for 6 visits, the total will exceed the MTUS recommendations. The request is not in accordance with MTUS guidelines.