

Case Number:	CM13-0039578		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2009
Decision Date:	03/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/07/2013

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 Occupational 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 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:

In a follow-up visit of September 23, 2013, the attending provider reevaluated the applicant, who continues to report 8/10 elbow pain, shoulder pain, and small finger pain with associated paresthesias. Tenderness is noted about the medial epicondyle, shoulder, and cervical paraspinals. Motrin, tramadol, and Naprosyn are renewed. The applicant is described as continuing to work regular duty work. Her case and care have reportedly been complicated by co morbid psoriatic arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) Two (2) times a week for four (4) weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8,99.

Decision rationale: While the applicant may have had extensive postoperative therapy, as suggested by the claims administrator, there is no evidence that the applicant has had any prior physical therapy during the chronic pain phase of the injury. The applicant's last documented session of physical therapy was in December 2012, approximately 10 months prior to the

Utilization Review Report of October 1, 2013. The applicant was apparently having a flare in multifocal arm pain on and around the date of the request, on September 13, 2013. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of treatment of 9 to 10 sessions for myalgias and myositis of various body parts. Thus, the eight-session course of treatment proposed by the attending provider does conform to MTUS parameters. The applicant has, contrary to what was suggested by the previous utilization reviewer, demonstrated functional improvement through prior physical therapy by successfully returning to regular work at the [REDACTED]. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.