

Case Number:	CM13-0039835		
Date Assigned:	12/20/2013	Date of Injury:	03/07/2008
Decision Date:	03/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 & Rehabilitation, and is licensed to practice in 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 64 year old female who reported an injury on 03/07/2008. Her current diagnoses are Myalgia/myositis and tennis elbow syndrome. The patient history note dated 03/07/2008 provided by [REDACTED] indicated a TENS (Transcutaneous electrical nerve stimulation) unit has been tried but did not provide adequate relief. The clinic note dated 05/14/2013 signed by [REDACTED] indicated a chief complaint of pain to the right shoulder, elbow, and wrist/hand rated at 8/10 at worst and 3/10 and best. The patient was recommended rehabilitative therapy for 2 visits a week for 4 weeks. The acupuncture progress report dated 12/12/2013 indicates after three rounds of treatment, the patient is responding well with improved range of motion and decreased tightness. The note also indicates the patient's pain level after the second set of treatments was reduced to 4/10 but parameters were not given for the third.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT twice week (RFA dated 09/16/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine-Myalgia and myositis, unspecified Page(s): 99.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommends 9-10 visits over 8 weeks for the patient's diagnosis. The request submitted for review does not include the duration of care. Therefore, the request would potentially exceed guideline recommendations for total number of sessions. In addition, there is no requested body part/region for the proposed therapy. The patient has also participated in prior physical therapy sessions and should be able to perform a home exercise program. As such, the request is non-certified.