

Case Number:	CM13-0045020		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2012
Decision Date:	02/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 and is licensed to practice in Illinois. 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 who reported injury on 08/16/2012. The mechanism of injury was stated to be the patient was helping set up a new store and pulled 1 pallet on 2 separate days and suffered multiple strains and carpal tunnel as a cashier. The patient was noted to be participating in a home exercise program. The patient's diagnoses were noted to be myalgia and myositis NOS, rotator cuff disc nec and sprain of the neck. The request was made for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two times a week for six weeks to cervical and right shoulder consisting of additional 15 minutes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment in Workers Compensation, 2013 web based edition

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide documentation of functional deficits to support therapy 2 times a week for 6 weeks. Additionally, it failed to provide documentation indicating the patient should have additional 15 minutes of physical therapy with the sessions. The patient was noted to have full range of motion of the bilateral upper extremities and noted trigger points in the trapezius and rhomboid muscles on the right. Given the above and the lack of documentation, the request for outpatient physical therapy two times a week for six weeks to cervical and right shoulder consisting of additional 15 minutes is not medically necessary.