

Case Number:	CM14-0006507		
Date Assigned:	03/03/2014	Date of Injury:	03/22/2013
Decision Date:	08/08/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 expert 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 records presented for review indicate that this 51 year-old female was reportedly injured on 3/22/2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 11/7/2013 indicates that there are ongoing complaints of right wrist pain. The physical examination demonstrated right wrist: limited range of motion, positive Phalen's, positive Tinnel's. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative therapy. A request had been made for physiotherapy 2 times a week for 4 weeks for the cervical spine and right shoulder and was not certified in the pre-authorization process on 12/23/2013.

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 4 WEEKS FOR THE CERVICAL SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. After reviewing the medical records provided there is lack of documentation to support additional visits, therefore this request is deemed not medically necessary.