

Case Number:	CM14-0107133		
Date Assigned:	08/01/2014	Date of Injury:	09/17/2013
Decision Date:	11/13/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 patient is a 46 year old female who was injured on 9/13/2013. The diagnoses are neck, right shoulder and low back pain. The only detailed clinic notes was from the September 2013 ER and physical therapy records. Per UR records, [REDACTED] noted on 6/17/2014 that the patient complained of neck pain radiating to the right upper extremity. There were objective findings of positive straight leg raising tests and tenderness of the paraspinal tenderness. The deep tendon reflexes were noted as normal. The patient was recently approved for right shoulder MRI and orthopedic referral. A Utilization Review determination was rendered on 7/2/2014 recommending non certification for 6 sessions of physical therapy for the neck, back, right shoulder and EMG/NCS right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that physical therapy can be utilized for the management of musculoskeletal pain that did not respond to standard treatment with NSAID. The records indicate that the patient completed physical therapy and chiropractic treatment in September 2013. The patient was recently approved for orthopedic consultation and MRI. It will be appropriate to base further treatment on the specialist recommendation following comprehensive evaluation. The criterion for 6 sessions of physical therapy was not met. Therefore, this request is not medically necessary.

Electrodiagnostic study of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and upper Extremity

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that electrodiagnostic studies can be utilized for the evaluation of neuropathy and radiculopathy pain. The records did not indicate any subjective, objective or radiological findings indicative of upper extremity radiculopathy or neuropathy. The patient was recently approved for orthopedic consultation and MRI. It will be appropriate to base further investigation and treatment on the specialist recommendation following comprehensive evaluation. The criterion for electrodiagnostic studies of the upper extremities was not met. Therefore, this request is not medically necessary.