

Case Number:	CM14-0016255		
Date Assigned:	04/11/2014	Date of Injury:	05/07/2013
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Interventional Spine, 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:

The patient is a 44-year-old female with a date of injury of 05/07/2013. The listed diagnoses according to [REDACTED] are: 1) Right shoulder impingement syndrome, 2) Right wrist derangement, and 3) Right elbow epicondylitis. According to the 01/06/2014 progress report by [REDACTED], the patient presents with right-sided upper back and low back pain as well as right shoulder, elbow, and wrist pain. She notes the pain radiates to the right arm. The patient has received 6 sessions of physical therapy and chiropractic treatment thus far. MRI of the right wrist from 12/10/2013 demonstrated minimal subchondral signal abnormality involving the lateral aspect of the lunate and proximal aspect of the capitate. MRI of the right shoulder from 08/19/2013 demonstrated mild impingement. MRI of the right elbow from 08/19/2013 demonstrated tendinosis of the lateral collateral ligament. The treating provider is "recommending her to continue physical therapy 3 times a week for 4 weeks for the right shoulder, elbow, and wrist as the patient has declined the cortisone injection." The utilization reviewer denied the request on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS TO THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 11,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS pages 98,99 has the following: PHYSICAL MEDICINE, PAGES 98-99.

Decision rationale: This employee presents with continued upper and low back, shoulder, elbow, and wrist complaints. The treating provider is requesting that the employee continue with physical therapy 3 times a week for 4 weeks. Medical records indicate the employee received a course of 6 therapy sessions between 07/08/2013 and 09/10/2013. Physical therapy progress report from 09/10/2013 indicates the employee has a pain level of 4/10 to 5/10 with positive Neer's test and positive bilateral SLR. The report notes the employee is progressing slowly but has improved in strength, endurance, and ROM and has decreased muscle spasms. The plan was to seek further authorization for new RX. For physical medicine, the MTUS Guidelines pages 98 and 99, for myalgia-, myositis-type symptoms, recommend 9 to 10 visits over 8 weeks. In this case, the employee received 6 physical therapy sessions with functional improvement and decrease in pain as documented in the physical therapy progress reports. Given improvement from prior physical therapy, a short course of 3 to 4 additional sessions may be warranted. However, the treating provider is requesting additional 12 sessions which exceeds MTUS Guidelines. Recommendation is for denial.