

Case Number:	CM14-0117133		
Date Assigned:	09/16/2014	Date of Injury:	03/25/2014
Decision Date:	12/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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, 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 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 43-year old female with an injury date on 03/25/2014. Based on the 06/24/2014 hand written progress report provided by the treating physician, the patient complains of cont. neck pain, right arm hand with numbness, left forearm, and right side of back. Physical exam reveals tenderness over the right upper back, right upper chest, left upper forearm, and left forearm just distal to elbow, good strength. Patient's diagnoses were not included in the report for review. There were no other significant findings noted on this report. The utilization review denied the request for 12 sessions of physical therapy for right hand and right shoulder on 07/08/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/25/2014 to 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for right hand and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: According to the 06/24/2014 report, this patient presents with pain at the neck, back, right arm/hand, and left forearm. Per this report, current request is for physical therapy 2 times per week for 6 weeks for right hand and right shoulder per. The utilization review denial letter states this claimant has had extensive physical therapy for this chronic condition. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history or the reasons for requested additional therapy. MTUS page 8 requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. Therefore, Physical Therapy 2x6 for right hand and right shoulder is not medically necessary.