MAXIMUS Federal Services

| Case Number: | CM14-0136670 | | |
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| Date Assigned: | 09/03/2014 | Date of Injury: | 04/05/2012 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

## 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, 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 injured worker is a 48-year-old female who reported an injury while trying to prevent a toddler from falling backwards while she was in a sitting position on 04/05/2012. On 07/03/2014, her diagnoses included status post cervical spine fusion, left shoulder sprain/strain with myospasms, left elbow neuritis and epicondylitis, and medication induced gastritis. Her complaints included constant left shoulder pain with associated numbness, tingling, and burning, left elbow pain with associated numbness and burning and constant left wrist, arm, and elbow pain, all rated at 4/10 to 9/10; sleep disorder; anxiety; and stomach irritation and constipation due to her medications. It was noted that she had difficulty with her ADLs. The progress note revealed that she had received between 24 and 28 sessions of physical therapy in the past. It was felt that she required further active treatment and a recommendation was made for physiotherapy to include massage therapy as well as therapeutic and range of motion exercises 2 times a week for 6 weeks. There was no Request for Authorization included in this worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 for left shoulder, left wrist, left elbow, and cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Elbow initial care; forearm, wrist and hand initial care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The request for physical therapy 2x6 for the left shoulder, left wrist, left elbow, and cervical spine is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. In addition to the previous physical therapy sessions, this request for an additional 12 sessions exceeds the recommendations in the guidelines. Therefore, this request for physical therapy 2x6 for the left shoulder, left wrist, left elbow, and cervical spine is not medically necessary.

**Consulatation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for consultation is not medically necessary. Per the California ACOEM Guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. It is unclear from the request what type of consultation was being requested. The need for a consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for consultation is not medically necessary.