

Case Number:	CM14-0162302		
Date Assigned:	10/07/2014	Date of Injury:	01/17/2013
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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 injured worker is a 55-year-old male who reported an injury on 01/17/2013 due to feeling a pop in the right elbow and shoulder after lifting himself on a BART train ladder. Physical examination on 08/11/2014 revealed past treatments of paraffin, TENS unit, home exercise program, physical therapy, and cortisone injections. The injured worker had complaints of right elbow pain that was rated 7/10. There were complaints of right shoulder pain and left shoulder pain, right greater than left, was rated 4/10. The injured worker denied any radiation/numbness, tingling. The injured worker was told not to use NSAIDs and is currently on no medications. Treatment plan was for an injection to the shoulders and elbow and to begin physical therapy. It was also reported they were to wait until diabetes was under control before considering a cortisone injection. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT X 8 VISITS: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of the pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It was not reported that the injured worker was having an exacerbation of symptoms. The request does not indicate what part of the body is to have physical therapy. Previous physical therapy reports were not submitted for review. It was reported that the injured worker was participating in a home exercise program. Based on the lack of documentation detailing a clear indication for the decision for PT X 8 VISITS, this request is not medically necessary.