MAXIMUS Federal Services

Case Number:	CM14-0186014		
Date Assigned:	11/13/2014	Date of Injury:	06/15/2008
Decision Date:	12/31/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 48-year-old female who has submitted a claim for reflex sympathetic dystrophy, associated with an industrial injury date of 6/15/2008.Medical records from 2014 were reviewed. The patient complained of right upper extremity pain exacerbation because of her new job. She is interested in undergoing physical therapy, as it has helped her in the past. Her last session was in 2013. Examination of the right shoulder showed restricted motion and positive Hawkin's test. Range of motion of both right elbow and right wrist was restricted and limited by pain. There was no tenderness. EMG/NCV of the right upper extremity, dated 2/9/2011, revealed a normal study. Treatment to date has included 39 physical therapy visits, 6 acupuncture sessions and medications.The utilization review from 10/17/2014 denied the request for physical therapy twice per week for six weeks for the upper right extremity because it was not recommended for chronic pain and there was insufficient information regarding home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice per week for six weeks for the upper right extremity: 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: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient complained of right upper extremity pain exacerbation because of her new job. She is interested to undergo physical therapy as it has helped her in the past. Her last session was from 2013 with a total of 39 visits. Examination of the right shoulder showed restricted motion and positive Hawkin's test. Range of motion of both right elbow and right wrist was restricted and limited by pain. There was no tenderness. Given the extensive therapy services received in the past, it is unclear why patient is not versed in a home exercise program. Moreover, there is no comprehensive examination of the right upper extremity to corroborate the present request. Her activity limitations are also not explored. The medical necessity has not been established due to insufficient information. Therefore, the request for physical therapy twice per week for six weeks for the upper right extremity is not medically necessary.