

Case Number:	CM14-0186124		
Date Assigned:	11/14/2014	Date of Injury:	11/11/2005
Decision Date:	12/16/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine 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:

This patient is a 50 year old male who developed chronic pain difficulties subsequent to an injury dated 11/11/05. He is reported to have developed CRPS syndrome in the right upper extremity and has chronic neck, shoulder, low back and right extremity pain. He has been treated with shoulder surgery, right extremity ulnar transposition, and a more recently a lateral epicondyle release. A recent pain management consult opinioned that further procedures were not warranted and a trial of PENS was requested and authorized. There has been 12 sessions of physical therapy for the elbow that continued up until surgery. The records also document 16 sessions of physical therapy for the shoulder that continued up through 8/26/14. There is no documentation sent for review that documents the specifics of prior physical therapy before 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and left shoulder QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines recommend between 8-10 sessions of physical therapy as being adequate for chronic myofascial conditions. There is documentation that there has recently been 16 sessions of physical therapy completed for his shoulder. In addition there is a history of prior therapy for the cervical spine, but the details of when and how much are not in the records reviewed. Guidelines do not support ongoing physical therapy for the shoulder and there are no unusual circumstances documented to justify an exception to the Guidelines. The request for an additional 8 sessions of physical therapy for the neck and left shoulder are not medically necessary.