

Case Number:	CM14-0034130		
Date Assigned:	03/31/2014	Date of Injury:	11/16/2012
Decision Date:	05/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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 Physician 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 woman with a date of injury of 11/16/2012. She was seen by her primary treating physician on 9/17/13 with complaints of pain in both arms. Her exam showed tenderness bilaterally over the trapezius with 'obvious knots and trigger points'. She was tender over both medial elbows, right > left and had 1+ instability of the right medial elbow. She had positive Tinel's signs over the ulnar nerves at both elbows. Her diagnoses included right shoulder rotator cuff tendinitis, probable peripheral nerve compression - right arm, probable right carpal tunnel syndrome, right elbow radial collateral ligament tear, compensatory left medial epicondylitis and compensatory bilateral trapezial strain. She received a nerve block to her right shoulder and trigger point injections. A nerve conduction study was requested as was physical therapy for her trapezial strain two times per week for six weeks. The physical therapy visits are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEKS FOR 6 WEEKS FOR THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): SHOULDER CHAPTER, PHYSICAL THERAPY GUIDELINES

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for an additional 12 physical therapy visits in this individual with chronic upper extremity pain.