

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0040253 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 10/18/2013 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old female with an injury date of 10/18/13. Based on the 11/13/13 progress report provided by [REDACTED], the patient complains of pain in her upper arm and shoulder. She also has a contusion of her right upper arm and a strain of her left knee. The physician is requesting for physical therapy 3 x 4. The utilization review determination being challenged is dated 03/31/14. The requesting provider has provided two treatment reports from 11/13/13 and 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Official Disability Guidelines, Rotator cuff syndrome/impingement syndrome.

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

Decision rationale: The MTUS guidelines pages 98-99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are

recommended. In this case, the treater has asked for 12 total sessions of therapy. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions in addition to the 4 sessions the patient has already had exceeds what is allowed per MTUS. The request is not medically necessary.