

Case Number:	CM14-0054844		
Date Assigned:	07/07/2014	Date of Injury:	06/18/2012
Decision Date:	08/07/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 Pain Management 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 is a patient with a date of injury of 6/18/12. A utilization review determination dated 4/18/14 recommends modification of PT from 12 sessions to 6. A 4/9/14 medical report identifies that the patient has pain that has increased since the last visit in the bilateral forearms. There is also right shoulder pain. On exam, there are mild range of motion (ROM) limitations of the shoulder with positive impingement testing, tenderness in the shoulder, elbow, and wrist, positive Tinel's at the left wrist, some mild weakness, and decreased sensation over the little finger and medial forearm C8-T1. 12 PT sessions were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with iontophoresis for bilateral upper extremities and right shoulder quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy, physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Shoulder Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface.

Decision rationale: MTUS Guidelines cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, MTUS and ODG do support a short course of PT for objective exacerbations such as the 6 sessions that were modified by the prior utilization review, the request for 12 sessions exceeds the recommendations of the guidelines and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request is not medically necessary.