

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0062072 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 04/09/2012 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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 51 year old male with an injury date of 04/09/14. Per the 04/02/14 progress report by [REDACTED] the patient presents with pain in the right shoulder. Physical therapy has improved pain to 4/10 from 6-7/10 and the shoulder no longer hurts the entire day. The right shoulder tires easily and he has right elbow pain. Upon examination [REDACTED] states that the patient has moderate right carpal tunnel syndrome and mild neuropathy across the elbow and right shoulder. The patient's diagnoses include: 1. Rotator cuff tear. 2. Shoulder trans. The treater is requesting for 8 additional physical therapy sessions. The utilization review being challenged is dated 04/14/14. The rationale is that is no documentation was provided of subjective benefits, objective improvement, or why the patient is unable to continue the home treatment program. Treatment reports were provided from 11/18/13 to 04/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT x 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 Medical Treatment Guidelines, Physical Medicine pages 98,99.

Decision rationale: The patient presents with right shoulder pain and elbow pain. The provider is requesting for 8 additional physical therapy sessions. The 04/02/14 progress report by [REDACTED] indicates that the patient had completed 7-8 physical therapy sessions. MTUS pages 98, 99 state that for myalgia and myositis 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. No treatment records were provided showing the number of physical therapy visits and the treatment dates. No discussion is made of what is to be accomplished with additional therapy, nor is there discussion about transition to a home treatment program. Furthermore, 8 additional visits exceed what guidelines allow. Recommendation is for not medically necessary.