

Case Number:	CM14-0080996		
Date Assigned:	07/18/2014	Date of Injury:	10/14/2013
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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, and is licensed to practice in Nevada. 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 injured worker is a 46 year-old female who was reportedly injured on 10/14/2013. The mechanism of injury is noted as slipped and fell. The most recent progress note dated 5/13/2014, indicates that there are ongoing complaints of left shoulder, left wrist, and low back pain. The physical examination demonstrated: limited mobility, decreased strength, decreased active range of motion of the left upper extremity and left shoulder girdle. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, brace, and injection. A request was made for Physical Therapy to include massage therapy, ultrasound, diathermy, electrical stimulation, therapeutic exercises and matrix for one to two times a week for four weeks, left upper extremity #8 and was not certified in the pre-authorization process on 5/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to include massage therapy, ultrasound, diathermy, electrical stimulation, therapeutic exercises and matrix for one to two times a week for four weeks, left upper extremity #8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints and a review of the available medical records fails to demonstrate an improvement in pain or function. According to guidelines the injured worker may be eligible for physical therapy alone, however (CAMTUS) guidelines do not support the use of massage therapy as an adjunct to other treatments. Therefore this request as stated is deemed not medically necessary.