

Case Number:	CM14-0093673		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2013
Decision Date:	10/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of October 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; MRI imaging of the elbow of February 19, 2014, apparently notable for mild tendinosis of the biceps tendon; and MRI imaging of the right shoulder of February 19, 2014, notable for mild tendinosis of the supraspinatus tendon with partial tear of the subscapularis tendon. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for 18 sessions of physical therapy for the shoulder and elbow. The applicant's work status was not stated. The claims administrator did allude to a supplemental report of April 6, 2014 and physical therapy note dated March 4, 2014 in its denial. These notes, however, do not appear to have been incorporated into the Independent Medical Review packet. The Independent Medical Review packet comprised of the Utilization Review Report and the MRI studies. No clinical progress notes were incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) for Right (RT) shoulder/elbow, 2-3 x a week, for 4-6 weeks (18 units): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 8;99.

Decision rationale: The 18-session course of treatment proposed, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No rationale for treatment this far in excess of MTUS parameters was provided. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, there has been no discussion or explicit discussion of functional improvement. Neither the applicant's attorney nor the claims administrator incorporated any clinical progress notes into the Independent Medical Review packet. The information which is on file, however, fails to support the request. Therefore, the request is not medically necessary.