

Case Number:	CM14-0171493		
Date Assigned:	12/15/2014	Date of Injury:	07/11/2014
Decision Date:	03/20/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female who sustained an industrial injury on 7/11/2014. She has reported an injury to the right wrist, elbow and shoulder. The diagnoses have included right shoulder tendinitis, right lateral epicondylitis, right wrist tendinitis and lumbar strain. Treatment to date has included 9 sessions of physical therapy, home exercises and medication management. Currently, the IW complains of right shoulder, elbow and wrist pain. Treatment plan included 6 sessions of physical therapy to the bilateral shoulder, elbow and wrist. On 9/25/2014, Utilization Review non-certified review of 6 sessions of physical therapy to the bilateral shoulder, elbow and wrist, noting the request exceeds MTUS recommendations due to 9 prior sessions. The MTUS, ACOEM and Official Disability Guidelines were cited. On 10/3/2014, the injured worker submitted an application for IMR for 6 sessions of physical therapy to the bilateral shoulder, elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 visits.: 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 Page(s): 98-99.

Decision rationale: The patient presents with pain in the right shoulder, elbow, and wrist. The current request is for Physical Therapy 2x3 Visits. The physical therapist states, "The patient is heading in the right direction and should be able to continue this positive trend with a home exercise program." On the physical therapy 01/06/15 report it documented that the patient had completed 14 physical therapy sessions. (95B) MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The MTUS guidelines state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In this case, the treating physician has requested an amount which would exceed the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.