

Case Number:	CM14-0173296		
Date Assigned:	10/24/2014	Date of Injury:	08/06/2013
Decision Date:	02/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine Rehab, 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 58 year old male with date of injury 8/16/13. The treating physician report dated 6/24/14 indicates that the patient presents with pain affecting the right shoulder and neck. The requesting treating physician report was not found in the documents provided. The sole report provided was dated 6/24/14 and the physical examination findings were not legible. Prior treatment history per the UR report dated 10/15/14 includes physical therapy, pneumatic intermittent limb compression device and prescribed medications. The current diagnoses are: 1. 719.41 2. 726.2 The utilization review report dated 10/15/14 denied the request for Home Therapy based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Home Health services; Physical Therapy; Neck & Back, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: The patient presents with pain affecting the right shoulder and neck. The current request is for Home Therapy. The requesting physician report was not found in the documents provided. A frequency and quantity of visits was not specified in the "Request for Authorization for Medical Treatment" form, nor was it mentioned in the UR report dated 10/15/14. MTUS supports occupational therapy 8-10 visits for myalgia and neuritis. Without a specific frequency and quantity of visits of Home Therapy to be administered, the current request does not satisfy the MTUS guidelines as outlined on pages 98 and 99. Therefore, this request is not medically necessary.