

Case Number:	CM14-0182487		
Date Assigned:	11/07/2014	Date of Injury:	12/27/2013
Decision Date:	01/15/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This patient is a 24 y/o female who had developed widespread musculoskeletal pain subsequent to an injury dated 12/17/13. She has been treated with extensive chiropractic, injections, wrist supports, oral analgesics, and topical agents. Physical therapy is requested close to a full year after treatment has been initiated and the pain has become chronic. The diagnosis includes chronic cervical pain, left shoulder pain and mild bilateral carpal tunnel syndrome (electrodiagnostic positive).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4wks for Cervical, Bilateral Shoulders and Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Due to the delay in initiating physical therapy the MTUS chronic pain Guidelines would apply. The Guidelines recommend a tapering frequency with from 8-10 sessions as adequate for chronic musculoskeletal complaints. This request is not consistent with Guideline recommendations. The request frequency does not taper and the amount of therapy

exceeds Guidelines without adequate rationale. The request for physical therapy 3wk for 4wks for the neck, shoulders and wrists is not medically necessary.