

Case Number:	CM14-0193032		
Date Assigned:	11/26/2014	Date of Injury:	06/25/2014
Decision Date:	01/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Utah. 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 22 year-old female. The patient's date of injury is 06/25/2014. The mechanism of injury was being bumped by a vehicle in the parking lot on the left side. The patient has been diagnosed with shoulder strain, upper back strain, elbow strain, elbow contusion. The patient's treatments have included medications. The patient has been approved for 12 physical therapy sessions. The physical exam findings dated Sept 30, 2014 shows, the shoulder with tenderness, positive impingement, tenderness over the supraclavicular fossa and clavicle. The patient's medications have included, but are not limited to, Ibuprofen and Tramadol. The request is for physical therapy to the left upper extremity. There is lack of documentation for these physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical Medicine Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy. MTUS guidelines state the following: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 [REDACTED]): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 [REDACTED]) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 [REDACTED]): 24 visits over 16 weeks. The patient has been approved for 12 physical therapy sessions. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions are not indicated as a medical necessity to the patient at this time.