MAXIMUS Federal Services

Case Number:	CM14-0199826		
Date Assigned:	12/10/2014	Date of Injury:	09/19/2014
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency 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:

Patient with reported date of injury on 9/19/2014. Mechanism of injury is described as repetitive work. Patient has a diagnosis of bursitis/tendinitis of shoulder and synovitis/tenosynotis and neck sprain. Medical reports reviewed. Last report available until 11/11/14. Pt complains of R elbow and shoulder pain at 8/10, worse with exercise or movement. Objective exam reveals normal range of motion. Tenderness over olecranon. R shoulder had decreased range of motion with pain and tenderness over anterior/lateral shoulder. There was not provided imaging reports.Patient has already reportedly completed physical therapy and is improving but total number of sessions and response was not documented. Medications include Mobic, salicylate-Menthol cream and gel. Independent Medical Review is for Physical Therapy 2 per week for 6weeks. Prior UR on 11/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks Cervical Spine, Right Shoulder, Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22, 173, 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2013

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. The number of requested sessions is excessive. Patient has already undergone unknown number of sessions with no documented improvement in symptoms. There are no documented complaints or exam of the neck supporting PT of the neck. Physical therapy is not medically necessary.