

Case Number:	CM14-0215687		
Date Assigned:	01/05/2015	Date of Injury:	12/02/2010
Decision Date:	03/16/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 49-year-old female who reported a repetitive strain injury on 12/02/2010. The current diagnoses include cervical disc syndrome, cervicobrachial syndrome, status post left shoulder internal derangement, left elbow lateral epicondylitis, left elbow cubital tunnel syndrome and left carpal tunnel syndrome. The injured worker presented on 08/18/2014 with complaints of moderate 7/10 neck pain as well as bilateral shoulder and wrist pain. The current medication regimen includes Norco 10/325 mg, Prilosec, Cymbalta and Xanax. Upon examination, there was limited range of motion of the left shoulder, diminished motor strength in the left upper extremity, and 2+ deep tendon reflexes. Treatment recommendations included physical therapy for the left shoulder, 3 times per week for 8 weeks. The injured worker was also issued prescriptions for Norco 10/325 mg and a topical cream. A Request for Authorization form was then submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for eight weeks Qty: 24 sessions: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the request is not medically appropriate at this time.