

Case Number:	CM14-0219341		
Date Assigned:	01/09/2015	Date of Injury:	04/30/2014
Decision Date:	04/09/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 38-year-old female, who sustained an industrial injury on 4/30/2014. She has reported pain on the right side of her neck down to the shoulder that increases with repetitive work. The diagnoses have included right trapezius strain and right forearm tendinitis. Radiographic imaging dated 9/18/2014 revealed no acute findings within the cervical spine. Treatment to date has included occupational therapy/ physical therapy. Documentation from visit number 7 dated 10/17/2014, indicated no functional gain compared to a 9/12/2014 evaluation for strength, pinch, and wrist Active Range of Motion (AROM). Progress notes were submitted were partially illegible due to handwriting. Currently, the IW complains of increased pain after 6 hrs at work, described as aching with tenderness that limits strength. The medical records indicate a request for Magnetic Resonance Imaging (MRI) was denied and therefore not completed. There were no medications documented. On 12/16/2014 Utilization Review non-certified six physical therapy visits, once a week for six weeks noting the insufficient documentation provided for review regarding prior physical therapy and functional gains, and the inability to complete a home exercise program. The MTUS Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of physical therapy one a week for six weeks for right forearm and right trapezius for total of six (6) visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1x6 weeks for the right forearm and right trapezius: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week times six weeks to the right forearm and right trapezius are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right trapezius strain; and right forearm tendinitis. Subjectively, the injured worker reports no change in symptoms. Objectively, the handwriting was illegible. The documentation indicates the injured worker had completed prior 12 sessions physical therapy. The guidelines indicate when to integration and/or number of visits exceeded the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record support additional physical therapy. Additionally there is no medical documentation regarding objective functional improvement as a result of prior physical therapy. Consequently, absent clinical documentation to support ongoing and or additional physical therapy in contravention of the recommended guidelines, physical therapy one time per week times six weeks to the right forearm and right trapezius are not medically necessary.