

Case Number:	CM15-0006393		
Date Assigned:	01/22/2015	Date of Injury:	09/29/2014
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27 year old female with an industrial injury dated September 29, 2014. The injured worker diagnoses include lumbar sprain/strain, left rotator cuff sprain/ strain, left shoulder sprain/ strain, left forearm strain, left wrist sprain/strain, loss of sleep, and other insomnia. She has been treated with diagnostic studies, prescribed medications, physical therapy, chiropractic treatments, consultation and periodic follow up visits. In a progress note dated 11/14/2014, the injured worker reported lumbar spine, left shoulder, left forearm, left wrist pain and inability to sleep secondary to pain. Physical exam revealed tenderness to palpitation in muscle spasm in the left upper extremity and lumbar spine. The treating physician prescribed services for physical therapy 2x3 low back and left upper extremity (shoulder and wrist) now under review. UR determination on December 8, 2014 denied the request for physical therapy 2x3 low back and left upper extremity (shoulder and wrist), citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 low back and left upper extremity (shoulder and wrist): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints
Page(s): 299, 204, 264.

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

Decision rationale: The patient presents with lumbar spine, left shoulder, left forearm, left wrist pain and inability to sleep secondary to pain. The request is for PHYSICAL THERAPY 2X3 LOW BACK AND LEFT UPPER EXTREMITY (SHOULDER AND WRIST). The RFA is not included. Patient's diagnosis on 10/09/14 included lumbar sprain/strain, left rotator cuff sprain/strain, left shoulder sprain/ strain, left forearm strain, left wrist sprain/strain, loss of sleep, and other insomnia. The patient is to return to modified duty. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Per medical reports dated 10/02/14 and 12/02/14, the patient to date has received a total of 12 sessions of physical therapy. Treater is requesting 6 additional sessions of physical therapy. In this case, there are no documentations of functional improvements and pain reduction in relation to the previous PT treatments. Treater does not state why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 6 additional sessions exceed what is allowed per MTUS. Therefore, the request IS NOT medically necessary.