

Case Number:	CM15-0109448		
Date Assigned:	06/16/2015	Date of Injury:	06/28/2006
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 6/28/2006. She reported pain to the neck, wrists, right elbow, upper extremities, and right shoulder. The injured worker was diagnosed as having occipital neuropathy, occipital neuralgia, musculotendino-ligamentous injury of right shoulder, right shoulder impingement syndrome, right carpal tunnel release, adjustment reaction with depression & anxiety secondary to chronic pain & disability, reflex sympathetic dystrophy, complex regional pain syndrome of upper limb, chronic pain & disability with delayed functional recovery, bilateral carpal tunnel syndrome, right elbow cubital tunnel syndrome, bilateral wrist derangement, right shoulder scapula-thoracic musculotendinous injury, cervical spine disc bulging, and cervical spine radiculopathy. Treatment to date has included medications, x-rays. The request is for physical therapy. On 4/30/2015, she complained of right shoulder pain that had increased since the last visit. She rated the pain 8/10. She also reported increased left elbow pain. Physical findings and treatment plan information was not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Neck, 3 x 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2006 and continues to be treated for chronic pain including right shoulder and left elbow pain. When seen, she had increased pain rated at 8/10. There had been no new injury. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be expected to re-establish or revise a home exercise program. The request is not medically necessary.