

Case Number:	CM15-0148484		
Date Assigned:	08/11/2015	Date of Injury:	04/23/2015
Decision Date:	09/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 04-23-15. Initial complaints include pain in the right and wrist. Initial diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies are not addressed. Current complaints include pain in the right wrist and hand. Current diagnoses include right shoulder derangement and contusion as well as right elbow sprain and strain. In a progress note dated 06-02-15 the treating provider reports the plan of care as physical therapy, acupuncture, MRI of the right upper extremity and medicates including cyclobenzaprine, OrthoNestic gel, and pantoprazole. The requested treatments include physical therapy to the right elbow, shoulder, wrist and hand, as well as the lumbar and cervical spines. The treating provider reports that after 3 sessions of physical therapy, the injured worker reports not relief of her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 cervical and lumbar spine: Upheld

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

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

Decision rationale: The patient was diagnosed with cervical and lumbar sprain/strain. Now while physical therapy would like to be beneficial, according to MTUS guidelines, 9-10 sessions would be recommended for myalgias. The request is for a total of 12 sessions which would exceed the maximum number of sessions. Therefore, the request is considered not medically necessary.

Physical Therapy 3 x 4 right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 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) lateral epicondylitis.

Decision rationale: The patient was diagnosed with lateral epicondylitis. According to ODG guidelines, 8 sessions over 5 weeks is recommended. According to MTUS guidelines, a maximum of 10 sessions is recommended for myalgias. The requested 12 sessions would exceed this limit. Therefore, the request is considered not medically necessary.

Physical Therapy 3 x 4 right shoulder: Upheld

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

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

Decision rationale: The request is considered not medically necessary. The patient had 3 sessions of physical therapy previously which did not provide any relief. There was no functional improvement documented. MTUS guidelines recommend a maximum of 10 sessions. The requested 12 sessions would exceed the maximum limit. Therefore, the request is considered not medically necessary.

Physical Therapy 3 x 4 right wrist & hand: Upheld

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

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

Decision rationale: The patient was diagnosed with right wrist sprain. The request for physical therapy would be considered medically necessary. However, the maximum number of sessions recommended is 10 sessions according to MTUS guidelines. The requested 12 sessions would exceed this limit, therefore, the request is considered not medically necessary.