

Case Number:	CM15-0149355		
Date Assigned:	08/12/2015	Date of Injury:	09/25/2014
Decision Date:	09/10/2015	UR Denial Date:	07/03/2015
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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 31 year old woman sustained an industrial injury on 9-25-2014. The mechanism of injury is not detailed. Evaluations include an undated right shoulder MRI. Diagnoses include right shoulder rotator cuff tear with acromioclavicular arthrosis, left shoulder sprain-strain, thoracic spine sprain-strain, right hand and wrist sprain-strain and carpal tunnel syndrome, and cervical spine sprain-strain with right upper extremity radicular symptoms. Treatment has included oral medications and chiropractic care. Physician notes dated 6-11-2015 show complaints of cervical spine pain rated 7 out of 10 with radiation to the right upper extremity, thoracic spine pain rated 7 out of 10, right shoulder pain rated 7 out of 10, left shoulder pain rated 5 out of 10, and right hand and wrist pain rated 7 out of 10 with weakness. Recommendations include acupuncture, physical therapy, orthopedic consultation, surgical intervention, Naproxen, Colace, Tramadol, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions to the cervical spine, thoracic spine, lumbar spine, right shoulder, right hand and right wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Based upon the submitted documentation, the injured worker has completed a course of chiropractic treatment, but no active physical therapy is documented. MTUS supports up to 10 PT visits for this condition. Based upon the injured worker's documented continued pain and functional deficits, a trial of physical therapy within the MTUS recommendation is reasonable and is medically necessary.