

Case Number:	CM15-0190687		
Date Assigned:	10/02/2015	Date of Injury:	10/10/2013
Decision Date:	11/24/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: Pennsylvania, Ohio, 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 59 year old male who sustained an industrial injury on 10-10-2013. Current diagnoses include cervicothoracic strain arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tear on the right, right elbow lateral epicondylitis, carpal tunnel syndrome, lumbosacral strain arthrosis, status post right inguinal herniorrhaphy with residuals, bilateral knee strain mild arthrosis with patellofemoral syndrome, and hearing loss right ear. Report dated 07-01-2015 noted that the injured worker presented for follow up. Pain level was not included Physical examination performed on 07-01-2015 revealed thenar weakness bilaterally and positive Tinel's test. Previous diagnostic studies included electrodiagnostic studies of the upper extremities. Previous treatments included medications, bracing, therapy, injections, and acupuncture. The treatment plan included request for physical therapy. The utilization review dated 08-31-2015, modified the request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy For The Cervical Bilateral Shoulder, Right Elbow, Lumbar And Bilateral Knees - 2 X Week X 6 Weeks #12: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.