

Case Number:	CM15-0197339		
Date Assigned:	10/12/2015	Date of Injury:	07/04/2015
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii
 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 50 year old female who sustained an industrial injury 07-04-15. A review of the medical records reveals the injured worker is undergoing treatment for sprain and strain of the lumbar, thoracic, and cervical spines, contusion of the left scapula, left upper arm, thoracic and cervical spines; sprain and strain of the left shoulder, left upper arm, left forearm, elbow, and wrist; and tendinitis of the left shoulder, elbow, and wrist. Lumbar spine pain is rated at 4/10 and spasms rated at 3/10. Medical records (09-03-15) reveal the injured worker complains of painful and tight upper and lower back, left shoulder, left shoulder blade, left hand, wrist, and elbow. The physical exam (09-03-15) reveals pain, tenderness and swelling, as well as limited lumbar spine range of motion. Prior treatment includes an unknown number of physical therapy sessions, and medications. The original utilization review (09-23-15) non-certified the request for 6 additional physical therapy sessions to the left shoulder, left wrist, and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 3Wks for the Left Wrist, Left Shoulder, Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care, and

Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy Guidelines.

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

Decision rationale: The patient presents with painful and tight upper back, low back, left shoulder, left shoulder blade, left hand, left wrist, and left elbow with pain shooting down the left leg. The current request is for Physical Therapy 2 x week x 3 weeks for the left wrist, left shoulder and thoracic spine. The treating physician's report dated 09/03/2015 (37B) states, "Request Authorization for: Extension for Physical Therapy 2x3 weeks." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports from 08/05/2015 (20B) to 08/26/2015 (32B) show a total of 5 visits recently. The patient is not post-surgical or is there a mention of recent flare-up. In this case, the patient has recently completed 5 physical therapy sessions and the requested 6 would exceed guidelines. The current request is not medically necessary.