

Case Number:	CM15-0200514		
Date Assigned:	10/15/2015	Date of Injury:	04/23/2015
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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

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 38 year old female, who sustained an industrial injury on 04-23-2015. She has reported injury to the right shoulder, right elbow, and right wrist. The diagnoses have included right shoulder sprain; right shoulder derangement; right wrist sprain; right elbow sprain; and cervical spine myospasm and myalgia. Treatment to date has included medications, diagnostics, and three sessions of physical therapy. Medications have included Relafen, Cyclobenzaprine, and Ortho-Nesic gel. A progress report from the treating physician, dated 09-16-2015, documented an evaluation with the injured worker. The injured worker reported persistent right wrist, elbow, and shoulder pain, with associated neck and upper back pain; the symptoms are the same since the previous visit; she has been taking Relafen which does provide some relief; and she is awaiting authorization for physical therapy sessions. Objective findings included tenderness of the right bicipital groove; decreased flexion and abduction of the right shoulder; positive Hawkins and Neer's testing; tenderness of the right medial elbow; and tenderness of the right wrist. The treatment plan has included the request for physical therapy x 6 sessions for the neck and-or right shoulder and-or right elbow and-or right wrist. The original utilization review, dated 09-28-2015, non-certified the request for physical therapy x 6 sessions for the neck and-or right shoulder and-or right elbow and-or right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x6 sessions for the neck and/or right shoulder and/or right elbow and/or right wrist: Overturned

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

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

Decision rationale: The current request is for Physical therapy x6 sessions for the neck and/or right shoulder and/or right elbow and/or right wrist. The RFA is dated 08/12/15. Treatment to date has included medications, diagnostics, and three sessions of physical therapy. The patient "may do modified work with restrictions." MTUS, Chronic Pain Medical Treatment Guidelines 2009, under Physical Medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 08/12/15, the patient presents with persistent right wrist, elbow, and shoulder pain, with associated neck and upper back pain. Objective findings included tenderness of the right bicipital groove; decreased flexion and abduction of the right shoulder; positive Hawkins and Neer's testing; tenderness of the right medial elbow; and tenderness of the right wrist. The treater states "she only had four physical therapy sessions and still reports a substantial level of residual pain. I am requesting six additional physical therapy sessions." The UR denied the request stating that there was lack of functional improvement from prior 4 sessions. MTUS allows up to 10 sessions for complaints of this nature. Although there was minimal improvement from the previous 4 sessions, the patient should be afforded the additional 6 sessions to see if some improvement can be obtained. Therefore, this request is medically necessary.