

Case Number:	CM15-0030975		
Date Assigned:	02/24/2015	Date of Injury:	03/22/2012
Decision Date:	04/09/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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 57 year old female who sustained a work related injury on March 22, 2013. She complained of left elbow and forearm pain after performing constant computer work typing and taking phone calls. She was diagnosed with cervical strain, cervical spondylosis with spinal stenosis, left cervicobrachial myofascial pain syndrome, left upper extremity overuse syndrome and diffuse myofascial pain, left shoulder strain, left shoulder rotator cuff tendonitis, left ulnar neuropathy, left wrist tendonitis, left wrist and hand osteoarthritis, left wrist tenosynovitis and chronic pain syndrome. Treatments included physical therapy, occupational therapy, analgesics and muscle relaxant medications, and bracing, acupuncture and chiropractic sessions. Currently, the injured worker complained of left neck, shoulder and elbow, wrist and hand discomfort. On January 15, 2015, a request for a service of physical therapy two times a week for three weeks on the left wrist, shoulder and neck was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Physical Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks on the left wrist /shoulder, neck:
Overturned

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

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

Decision rationale: This patient presents with left sided neck pain, left shoulder pain and left elbow, hand and wrist pain. The current request is for PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS ON THE LEFT WRIST/SHOULDER, NECK. The MTUS Chronic Pain Management Guidelines, 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." Progress report dated 1/5/15 states that treatment history includes physical therapy which provided "mild improvement." The Utilization review denied the request stating that there is no documentation of objective functional improvement prior therapy. There are no physical therapy reports provided for review. The exact number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, given the patient's continued pain and lack of any documentation of recent physical therapy, the requested 6 sessions IS medically necessary.