

Case Number:	CM15-0031143		
Date Assigned:	02/24/2015	Date of Injury:	06/20/2014
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
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 53-year-old female with an industrial injury date of 06/20/2014. The injured worker notes bilateral eyes, neck, left shoulder, left elbow, left wrist and low back pain which she associates with her work activities which involved constant sitting, sewing and repetitive use of upper extremities. She presented on 01/30/2015 with complaints of constant severe sharp left shoulder pain, left elbow and left wrist pain. There was tenderness with decreased range of motion of the left shoulder and elbow and tenderness of the wrist. Prior treatment includes physical therapy (with temporary benefit) and medications. Diagnoses included: Osteoarthritis, Left shoulder calcific tendinitis, Left lateral epicondylitis, Medial epicondylitis, Left wrist pain. On 02/06/2015 the request for physical therapy of left shoulder/elbow/wrist 2 times 6 was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for the left shoulder, elbow, and wrist:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow Chapter, Physical Therapy, Forearm, Wrist, Hand Chapter.

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

Decision rationale: This patient presents with left shoulder, left elbow and left wrist pain. The patient has a date of injury of 06/20/2014. The current request is for physical therapy 2 times a week for 6 weeks for the left shoulder, elbow and wrist. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms, 9 to 10 sessions over 8 weeks. There are no physical therapy progress reports provided for review; therefore, the total number of sessions completed to date, the objective response to therapy is not provided. The utilization review dated 02/06/2014 states that the patient has been certified for 24 physical therapy sessions to date. In this case, the request for 12 sessions exceeds what is recommended by MTUS. Furthermore, it appears the patient has had ample physical therapy sessions in the recent past. The treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional physical therapy IS NOT medically necessary.