

Case Number:	CM15-0031677		
Date Assigned:	02/25/2015	Date of Injury:	11/12/2012
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
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 31-year-old female, who sustained an industrial injury on 11/12/2012. The diagnoses have included right lateral epicondylitis, right shoulder sprain and repetitive stress injury. Treatment to date has included occupational therapy and medication. According to the Primary Treating Physician's Progress Report dated 11/21/2014, the injured worker was using Motrin on a regular basis to help with her ongoing and breakthrough pain of her right shoulder and right upper extremity. Objective findings revealed decreased tenderness in the right lateral epicondyle. She had persistent subacromial tenderness, tenderness over the right supraspinous tendon, positive impingement sign and abduction and forward flexion of the shoulder limited to 160 degrees. Authorization was requested for eight sessions of physiotherapy for the right shoulder and upper extremity to help with a recent flare up of pain. On 1/26/2015, Utilization Review (UR) non-certified a request for physiotherapy for upper extremity times eight sessions. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for upper extremity x8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 persistent neck and right shoulder pain. The current request is for physiotherapy for the upper extremity x 8 session. Request for Authorization (RFA) is dated 2/27/15. 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." There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the patient has reported that prior physical therapy has been beneficial, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the Utilization review states that the patient had 8 prior sessions of physiotherapy. The requested additional 8 sessions would exceed what is recommended by MTUS. The request IS NOT medically necessary.