

Case Number:	CM15-0036728		
Date Assigned:	03/05/2015	Date of Injury:	12/16/2011
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 on 9/1/2011. The mechanism of injury and initial complaint were not provided for review. Diagnoses include right wrist tenosynovitis, right lateral epicondylitis, trapezius strain, bilateral shoulder strain, and cervical strain. Treatments to date include chiropractic care, 12 sessions of physical therapy, and medication management. A progress note from the treating provider dated 2/5/2015 indicates the injured worker reported bilateral shoulder pain, right elbow and wrist pain, and neck pain at a level of 5/10. On 2/16/2015, Utilization Review non-certified the request for 6 physical therapy sessions for the right shoulder, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 Times A Week for 3 Weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, she has already completed 12 physical therapy visits, which is greater than guideline recommendations. In addition, recent treating physician notes document that her right shoulder has full range of motion with a negative impingement sign. Based on the available records and MTUS guideline, the request for 6 physical therapy sessions for the right shoulder is not medically necessary.