

Case Number:	CM15-0038663		
Date Assigned:	03/09/2015	Date of Injury:	09/01/2007
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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 66-year-old female, who sustained an industrial injury on September 1, 2007. She has reported shoulder, elbow, wrist and knee pain. The injured worker was diagnosed as having tendinitis of the shoulder and lateral epicondylitis. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of right shoulder pain and bilateral elbow and wrist pain. The treating physician requested physical therapy to the bilateral wrists and shoulders and a prescription for Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the bilateral wrists and shoulders QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Occupational therapy guidelines.

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

Decision rationale: Based on the 10/28/14 progress report provided by the treating physician, the patient presents with moderate right shoulder and bilateral wrist pain. The request is for PHYSICAL THERAPY TO THE BILATERAL WRISTS AND SHOULDERS QTY: 12. The patient's diagnosis per RFA dated 10/28/14 includes right shoulder rotator cuff tendinitis and bilateral wrist tendonitis. Physical examination to the right shoulder on 10/28/14 revealed palpable tenderness and decreased range of motion. Examination to the bilateral wrists revealed palpable tenderness. Treatment to date has included medications and physical therapy. The patient is retired, per treater report dated 10/28/14. 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." Per 10/28/14 progress report, treater states "some improvement of the right shoulder and bilateral wrists. Patient continues to be symptomatic for the right shoulder. Treater has not provided treatment history. In this case, treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.