

Case Number:	CM15-0045553		
Date Assigned:	03/17/2015	Date of Injury:	05/16/2014
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 47-year-old female who sustained an industrial injury on 05/16/2014. Diagnoses include right wrist and shoulder sprain. Treatment to date has included medications, physical therapy, and a home exercise program. A physician progress note dated 01/23/2015 documents the injured worker has decreased pain and increased right shoulder range of motion. She has some days that are pain free. The intensity of pain is much less and she rates her pain as a 2 out of 10. Range of motion of the right shoulder is slightly limited. The physician is requesting continuing physical therapy. Treatment requested is for Physical Therapy 2 x 3 to the right wrist and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 and 99.

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

Decision rationale: Physical Therapy 2 x 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Prior utilization review states that the patient received 22 visits of PT for the right shoulder and 6 sessions for the right wrist. The patient states that she has not received any therapy for her right wrist. There is a progress note from physical therapy dated 10/22/14 that states that the patient was evaluated for her right shoulder arm sprain and right wrist sprain and as of that date has been seen from 11/12 visits. Another physical therapy progress note dated 12/7/14 states that the patient has completed 4 out of 6 physical therapy visits for the right shoulder. The documentation is not clear on what deficits are presents in the right wrist requiring physical therapy. Additionally the MTUS recommends up to 10 visits for her conditions and the patient has already exceeded this recommendation. There are no extenuating factors documented that would require 6 more supervised therapy visits. The patient should be well versed in a home exercise program that does not necessitate specialized equipment. Furthermore, as written the request for 6 more sessions of physical therapy does not specify what body part this is for.