

Case Number:	CM15-0049869		
Date Assigned:	03/23/2015	Date of Injury:	11/04/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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 58 year old female who sustained an industrial injury on 11/04/2011. Current diagnoses include pain in joint shoulder, rotator cuff syndrome, unspecified derangement joint, and tenosynovitis hand/wrist. Previous treatments included medication management and physical therapy and status post right rotator cuff repair in 2013. Report dated 02/02/2015 noted that the injured worker presented with complaints that included mild pain right wrist. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included physical therapy 3 x 3 and return for follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 3: Upheld

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

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

Decision rationale: Physical Therapy 3 x 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that this request is for the bilateral shoulders and right wrist. The request as written does not specify a body part. Furthermore, it is unclear how much prior physical therapy the patient has had for each body part and the outcome of this therapy. Without this information, the request for physical therapy cannot be medically necessary.