

Case Number:	CM15-0052362		
Date Assigned:	03/25/2015	Date of Injury:	09/01/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

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

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 36 year old female, who sustained an industrial injury on 9/1/2011. She reported frequent low back pain and headaches and upper extremity symptoms due to continuous trauma. The injured worker was diagnosed as having right/left upper extremity overuse syndrome, right volar forearm cyst, cervical strain, depression, and rule out right carpal tunnel syndrome. Treatment to date has included left carpal tunnel release and ganglion cyst removal and conservative measures, including diagnostics, acupuncture and medications. Currently, the injured worker complains of constant low back pain and stiffness, with radiation to legs and knees, and associated with weakness. She also reported frequent neck pain and stiffness, bilateral shoulder stiffness. Cervical range of motion was decreased and painful. Tenderness was noted to the cervical paraspinals and trapezius muscles. Sensory and motor exams were intact. Range of motion to the bilateral shoulders was decreased and painful. The right shoulder showed slightly positive Speed's and impingement tests. Right knee range of motion was decreased and painful. Current medications included Norco, Neurontin, Celebrex, and Phenergan. The request for authorization included physical therapy, 3x6, due to right upper extremity overuse syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 6 for right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a right upper extremity overuse injury in September 2011. Previous treatments have included physical therapy. She has ongoing right upper extremity symptoms with decreased and painful cervical and bilateral shoulder range of motion. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is well in excess of that recommended and therefore not medically necessary.