

Case Number:	CM15-0054789		
Date Assigned:	03/30/2015	Date of Injury:	07/21/2011
Decision Date:	05/20/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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 36 year old female, who sustained an industrial injury on 07/21/2011. She has reported subsequent right shoulder, right elbow, right wrist and low back pain and was diagnosed with right shoulder impingement syndrome, right elbow medial epicondylitis, right wrist pain, lumbar spine sprain/strain and lumbar radiculopathy. Treatment to date has included oral pain medication, chiropractic treatment, bracing and physical therapy. In a progress note dated 07/17/2014, the injured worker complained of right shoulder, right elbow, right wrist and low back pain. Objective findings were notable for tenderness to palpation of the supraspinatus muscles, reduced range of motion of the right shoulder, palpable tenderness of the right elbow with reduced range of motion, tenderness to palpation of the right wrist with reduced range of motion and tenderness to palpation of the lumbar paraspinal and gluteus muscles with reduced range of motion. A request for authorization of 18 sessions of physical therapy of the lumbar spine, right shoulder, right elbow and right wrist was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar spine, Right Shoulder, Right Elbow, and Right Wrist, three times a week for six weeks: Upheld

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

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

Decision rationale: Based on the 07/17/14 progress report provided by treating physician, the patient presents with back that radiates to right lower leg, and right upper extremity pain rated 6-8/10. The request is for physical therapy for the lumbar spine, right shoulder, right elbow, and right wrist, three times a week for six weeks. RFA not provided. Patient's diagnosis on 07/17/14 included lumbar spine sprain/strain, lumbar radiculopathy, right shoulder impingement syndrome, right elbow medial epicondylitis and right wrist pain. Treatment to date has included oral pain medication, chiropractic treatment, bracing and physical therapy. Patient medications include Dicoprofenol, Fanatrex, Synopryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Work status not provided. MTUS 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." Treater has not provided reason for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history; there is no discussion of any flare-ups, explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, UR letter dated 03/10/15 states "patient has had 6 sessions of physical therapy." In addition, the request for 18 additional sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.