

Case Number:	CM15-0056335		
Date Assigned:	04/01/2015	Date of Injury:	12/18/2012
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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 43 year old female, who sustained an industrial injury on 12/18/12. She reported initial complaints of right wrist pain. The injured worker was diagnosed as having neck pain; right shoulder and upper arm strain; wrist tendinitis; right wrist pain. Treatment to date has medications. Currently, per the PR-2 notes dated 3/18/15, the injured worker complains of right wrist pain located laterally on the radial side. The pain is described as radiating to the lateral radial elbow with constant, moderate in intensity, throbbing and aching. The provider's treatment plan includes a refill of Ibuprofen 800mg, orthopedic referral and physical therapy (for the evaluation of right wrist and forearm sprain/strain). The PR-2 notes dated 3/24/15, indicate the physical therapy is to evaluate and treat neck, arm, hand pain and a neurologist for evaluation of right neck/arm/wrist/hand pain; to perform nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical spine, right shoulder and upper arm: 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) physical therapy.

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

Decision rationale: This patient presents with right wrist pain radiating to the right forearm, upper arm, and shoulder. The physician is requesting Physical Therapy Cervical Spine, Right Shoulder, And Upper Arm. The RFA was not made available for review. The patient's date of injury is from 12/18/2014, and she is currently on modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports. The 03/02/2015 progress report notes that the patient had an injury to her right shoulder with surgical repair in 2012 with full recovery. She has received 6 physical therapy visits with minimal improvement. She still has pain in her neck, right lateral elbow, and right hand. The physician is requesting physical therapy 2 times a week for 4 weeks for the neck, arm, and hand. The MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. Given the lack of significant functional improvement while utilizing physical therapy, the request is not warranted. Furthermore, the current request for an unlimited number of physical therapy sessions with an unknown duration is not supported by the guidelines. The request Is Not medically necessary.