

Case Number:	CM15-0081913		
Date Assigned:	05/04/2015	Date of Injury:	06/30/2011
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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 43 year old female who sustained an industrial injury on 6/30/11. The injured worker reported symptoms in the neck and bilateral upper extremities. The injured worker was diagnosed as having bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain and bilateral medial epicondylitis. Treatments to date have included paraffin wax and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of discomfort in the neck, bilateral upper extremities as well as associated numbness. The plan of care was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks for the bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 is nearly 4 years status post work-related injury and continues to be treated for neck and bilateral upper extremity pain and numbness. In January 2015, she had been participating in physical therapy for three weeks with therapeutic content including massage, electrical stimulation, and strengthening exercises. When seen, she was having ongoing right lateral epicondyle pain and swelling. She was having radiating pain into her right fourth finger. Physical examination findings included decreased shoulder range of motion without pain. Impingement testing was negative. She had normal strength. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for range of motion. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.