

Case Number:	CM14-0127622		
Date Assigned:	08/15/2014	Date of Injury:	01/29/2010
Decision Date:	09/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 23-year-old male who has submitted a claim for left wrist internal derangement and left shoulder internal derangement associated with an industrial injury date of 01/29/2010. Medical records from 11/06/2012 to 06/20/2014 were reviewed and showed that patient complained of left shoulder and wrist pain (pain scale grade not made available). Physical examination revealed tenderness over the left anterior scalene, upper trapezius, subacromial space, capsule, soft tissue, and osseous structure and decreased MMT of left shoulder (4/5). EMG/NCV study of upper extremities dated 11/28/2011 was unremarkable. Treatment to date has included unspecified visits of physical therapy and pain medications. Utilization review dated 07/17/2014 denied the request for PT LUE 2 x4 because the patient has completed unknown prior sessions with no documented re-injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Upper Extremity: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99. The Expert Reviewer's decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, "active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine." In this case, the patient had completed unspecified visits of physical therapy. There was no documentation of functional outcome concerning the previous therapy sessions. It is unclear as to why the patient cannot self-transition into Home Exercise Program (HEP). The request likewise failed to specify the frequency of physical therapy visits. Therefore, the request for Physical therapy left upper extremity is not medically necessary.