

Case Number:	CM14-0182031		
Date Assigned:	11/06/2014	Date of Injury:	06/12/2013
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine 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 injured worker is a 38-year-old female who reported an injury on 06/12/2013. The mechanism of injury was not provided. Her diagnoses include right shoulder impingement and right elbow contusion. Her past treatments include physical therapy for the lumbar spine and right wrist. Relevant diagnostic studies and surgical history was not provided. On 05/01/2014, the injured worker reported 4/10 right shoulder pain and 5/10 right elbow pain. The objective findings revealed positive right shoulder impingement and right wrist tenderness; the right elbow was not addressed. Current medications include naproxen. The treatment plan was noted to include physical therapy for the right shoulder and right elbow. A request was received for additional physical therapy. The rationale was there was no history of therapy for these body parts. A Request for Authorization form was submitted for review on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2-3x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine. 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: The request for additional physical therapy, 2 to 3 x6, is not medically necessary. The California MTUS Guidelines recommend 9 -10 visits of physical therapy over 8 weeks for the treatment of unspecified myalgia and myositis. Although the physician indicated there was no history of physical therapy for the right shoulder and right elbow, there was insufficient documentation to show conservative treatments received since 06/2013 to corroborate the absence of physical therapy treatment for these body parts. Additionally, the request is for up to 18 visits of physical therapy, which exceeds to the guidelines' recommendation. Moreover, there was insufficient documentation of objective functional deficits of the right shoulder and right elbow. Furthermore, there was insufficient documentation of exceptional factors to significantly demonstrate the necessity of services beyond the guidelines' recommendation. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for additional physical therapy, 2-3 x6 is not medically necessary.