

Case Number:	CM14-0182589		
Date Assigned:	11/07/2014	Date of Injury:	04/23/2014
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old female who had a work injury dated 4/23/14. The diagnoses include cervical spine radiculitis; cervical spine sprain/strain; cervical spine, small central disc protrusions, per MRI 9/05/14; right shoulder sprain/strain; right elbow sprain/strain; right wrist sprain/strain. Under consideration are requests for additional physical therapy: 12 visits, c/s, right shoulder, right elbow, and right wrist. A 9/19/14 progress note states that the patient complains of neck pain. She is having occasional headaches. The pain radiates down the right arm. The pain increases with physical activity. With regard to the right shoulder, right elbow and right wrist the patient continues with pain. She demonstrates tenderness to palpation over the right trapezius and levator. There is pain with flexion and extension maneuvers. The patient stands with a normal posture. There is no muscle spasms noted. Physical examination of the right shoulder reveals tenderness to palpation over the right lateral and superior aspect of the shoulder. Flexion maneuvers are limited and performed with pain. A positive Neer and Hawkins tests is carried out. The right elbow reveals that there is tenderness to palpation over the lateral epicondyle. The right wrist/hand examination demonstrates tenderness to palpation over the volar aspect of the- wrist. The treatment plan states that the patient continues with pain. She has not resumed any work activities since the last visit. The patient had her cervical MRI. She had an EMG/NCV study of the bilateral upper extremities, on September 13, 2014. This was a normal study of the bilateral upper extremities. The document states that she completed five out of six sessions to date, with beneficial results noted. She is experiencing less pain symptomatology with this treatment modality. Today, the patient is instructed to complete her physical therapy sessions. There is a request for additional 12 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy: 12 visits, c/s, right shoulder, right elbow, and right wrist:
Upheld

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

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

Decision rationale: Additional physical therapy: 12 visits, c/s, right shoulder, right elbow, and right wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient has already had 6 visits. A request for 12 more visits would exceed guideline recommendations. There are no objective findings of functional improvement from the prior 6 visits. Without this information and in light of the fact that there are no extenuating factors to require 12 more supervised physical therapy visits the request for additional physical therapy is not medically necessary.