

Case Number:	CM14-0091572		
Date Assigned:	07/25/2014	Date of Injury:	05/12/2012
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational 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:

This injured worker is a 58 year-old female who had developed chronic cervical and upper extremity pain subsequent to an injury dated 05/12/2012. She is diagnosed with a chronic pain syndrome and she is treated with Norco 7.5mg. MRI studies of the cervical and lumbar spine in 2012 and repeated in 2013 showed mild to moderate degenerative changes without stenosis. Upper and lower extremity electrodiagnostics have been negative. There is no specific documentation regarding the prior amounts of physical therapy and what the results were.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral shoulders, elbows, and wrists; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulders, Physical Therapy.

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

Decision rationale: Even though the records are incomplete regarding the amount of prior physical therapy, MTUS Guidelines recommend from 8-10 sessions for most chronic painful myofascial conditions. Even without certainty regarding prior physical therapy; the request

exceeds what is guideline recommended and no unusual circumstances were noted that would justify an exception to guidelines. The request for 12 sessions of physical therapy is not medically necessary.