

Case Number:	CM14-0144661		
Date Assigned:	09/12/2014	Date of Injury:	02/12/2013
Decision Date:	03/23/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/06/2014

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. 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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 female who sustained an industrial related injury on 2/12/13 after hitting her right elbow on a metal surface. The injured worker had complaints of right shoulder pain, right elbow pain, right forearm tightness, and a pulling sensation in the right index and middle fingers. Treatment included injections. Prescriptions included Skelaxin and Celebrex. Diagnoses included right elbow epicondylitis, cubital tunnel with neuritis symptoms, right shoulder rotator cuff strain with impingement and right side cervical myofascial pain, right wrist and hand tendinitis with repetitive overuse syndrome, and right wrist small ganglion. The treating physician requested authorization for physical therapy 2x4 for the right shoulder. On 8/6/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted previous therapy was said to be ineffective and the injured worker attended 12 visits. There was no indication the injured worker was actively participating in a home exercise program. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 = 8 visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Guidelines, chronic pain ; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: According to the MTUS passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed 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 has had at least 12 previous PT sessions which have noted to be ineffective. This is sufficient to set up a HEP for the patient. Continued PT is not medically necessary.