

Case Number:	CM15-0118600		
Date Assigned:	06/26/2015	Date of Injury:	01/17/2015
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female, who sustained an industrial injury on 1/17/2015. She reported a fall, injuring her left upper extremity and neck. She was initially diagnosed with elbow contusion and shoulder sprain. The injured worker was currently diagnosed as having sprains and strains of other specified sites of shoulder and upper arm. Treatment to date has included diagnostics, medications, home exercise, physical therapy (recent 12 sessions 3/24/15-5/04/15), and prior unspecified physical therapy noted. Currently, the injured worker complains of continued pain in the left arm, neck, and elbow. Her strength was documented as only minimally improved and pain intensity was about the same. The treatment plan included additional physical therapy (2x4) for the left shoulder and left elbow/arm. Her current work status could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times four weeks for left shoulder and left elbow/arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Elbow (Acute & Chronic), physical therapy (3) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for neck and left upper extremity pain. Treatments have included physical therapy with recent completion of 12 sessions and 18 sessions in total. When seen, she was having ongoing pain. There had been minimal improvement in strength. In this case, the claimant has already had extensive physical therapy. Guidelines recommend 9 visits over 8 weeks for the conditions being treated and at least partial concurrent treatment would be expected. The number of additional visits being requested is in excess of what might be needed to finalize her home exercise program and treatments have only been minimally effective. The request does not reflect a fading of treatment frequency. The request is not medically necessary.