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| Case Number: | CM15-0120347 | | |
| Date Assigned: | 07/01/2015 | Date of Injury: | 06/29/2014 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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:

This 44 year old female sustained an industrial injury on 6/29/14. She subsequently reported pain in her head, neck, arms, hands, chest, left knee and leg. Diagnoses include enthesopathy of knee, tenosynovitis of right knee, cervical spine sprain/ strain, shoulder sprain/ strain and contusion of knee. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience right knee pain. Upon examination, there is tenderness to palpation of the anterior knee, medial knee and posterior knee, flexion is reduced and McMurray's causes pain. A request for Physical Therapy 2 times a week for 6 weeks left shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99-100.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2014. She was seen by the requesting provider for an initial evaluation. Complaints included left shoulder and bilateral wrist and hand pain. She was having pain radiating into the arm, hand, and fingers. She was also having intermittent chest pain. Pain was rated at 7-8/10. Physical examination findings included left trapezius muscle tenderness. There was decreased left shoulder range of motion. There was left axillary swelling and tenderness. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was warranted. The request was not medically necessary.