

Case Number:	CM15-0120370		
Date Assigned:	07/01/2015	Date of Injury:	06/29/2011
Decision Date:	08/06/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female who sustained an industrial injury on 06/29/11. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, right shoulder surgery and right carpal tunnel release. Diagnostic studies include a MRI of the right shoulder and nerve conduction studies of the right upper extremity. Current complaints include increasing bilateral wrist and shoulder pain. Current diagnoses include bilateral shoulder sprain/strain with right impingement, bilateral wrist sprain and de Quervain's, right elbow sprain, lateral epicondylitis, and cervical musculoligamentous sprain/strain. In a progress note dated 05/14/15 the treating provider reports the plan of care as x-rays of the bilateral shoulders and cervical spine on the date of service, as well as physical therapy to the bilateral shoulders, neck, right elbow, and bilateral wrists. The requested treatment includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks, in treatment of the lumbar spine, sacral spine, right elbow, right shoulder, right elbow and right wrist quantity: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy two times a week for six weeks, in treatment of the lumbar spine, sacral spine, right elbow, right shoulder, right elbow and right wrist quantity: 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The patient has had a work injury in 2011 and it is unclear how many prior PT sessions the patient has had for each body part and the outcome of this therapy. The request for 12 sessions exceeds the MTUS recommendations and there are no extenuating factors which would necessitate 12 supervised PT sessions. Therefore, this request is not medically necessary.