

Case Number:	CM15-0064111		
Date Assigned:	04/10/2015	Date of Injury:	04/04/2014
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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 32-year-old male, who sustained an industrial injury on 4/4/2014. He reported low back pain after a slip and fall. The injured worker was diagnosed as having thoracic spine pain, low back pain, left shoulder pain, left elbow pain, left forearm and wrist pain. Treatment to date has included medications, and physical therapy, x-rays, magnetic resonance imaging. The request is for physical therapy of the left upper extremity. On 2/5/2015, a QME report indicates he is seen for left shoulder pain rated 8/10, left elbow pain rated 8/10, left wrist pain rated 7/10, left hand numbness going up the forearm, low back pain rated 8/10, and right ring finger pain. The records indicate he has reached maximum medical improvement for the right ring finger, left upper extremity, mid and low back requiring no further treatment based upon work related injury. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Upper Extremity (18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Upper Extremity section - Physical Therapy.

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 is more than one-year status post work-related injury and continues to be treated for left shoulder and upper extremity pain and hand numbness. Treatments have included physical therapy. When seen, he was having left shoulder pain and limited and painful range of motion with pain and limited elbow range of motion. He had aching and pain with wrist motion and had constant hand numbness. In this case, the claimant is being treated for eye pain and has already had physical therapy. 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 and therefore not medically necessary.