

Case Number:	CM15-0071954		
Date Assigned:	04/22/2015	Date of Injury:	08/30/2002
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

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: California, Indiana, New York
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 63 year old female, who sustained an industrial/work injury on 8/30/02. She reported initial complaints of left shoulder sprain, strain; left trapezius sprain/strain; left hand sprain/strain; and right arm sprain/strain. The injured worker was diagnosed as having left hand sprain/strain. Treatment to date has included medication and diagnostic testing. Currently, the injured worker complains of pain in the left shoulder down to her left hand. Per the primary physician's progress report (PR-2) on 2/27/15, therapy was helping the left upper extremity. Pain is 4/10 with medication and 6/10 without. Dynamometer readings were taken to demonstrate a neurological deficit, weak in the left hand. The requested treatments include physical rehabilitation of the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical rehabilitation of right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy/rehabilitation to the right arm is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left hand sprain/strain; left shoulder sprain/strain; and left hand sprain/strain. The year of injury is 2002. The most recent progress note in the medical record, dated February 27, 2015, subjectively shows the injured worker received physical therapy to the left hand. The treating provider is now requesting physical therapy for the right side. Each worker has a VAS pain scale of 6/10 without medications and 4/10 with medications. The documentation states the symptoms have been present for several years. Objectively, there are no objective physical findings referencing the right arm. The documentation is unclear as to whether the injured worker (over the past 13 years) has received prior physical therapy. There is no request for authorization in the medical record. The number of physical therapy sessions requested is not in the medical record. There was no clinical indication or rationale in a medical record for physical therapy/rehabilitation for the right arm. Consequently, absent clinical documentation with a clinical indication and rationale for physical therapy (and a 13-year-old injury) in the absence of objective physical findings in the record, physical therapy/rehabilitation to the right arm is not medically necessary.