

Case Number:	CM15-0076534		
Date Assigned:	04/28/2015	Date of Injury:	02/06/2015
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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 34 year old male, who sustained an industrial injury on 02/06/2015. He has reported subsequent back, shoulder, elbow, wrist and knee pain and was diagnosed with thoracic and lumbar sprain/strain and bilateral shoulder, elbow, wrist and knee pain. Treatment to date has included oral pain medication. In a progress note dated 04/07/2015, the injured worker complained of back, right shoulder, elbow, wrist and knee pain. Objective findings were notable for tenderness to palpation and spasm of the thoracic and lumbar paraspinal muscles and tenderness of the upper trapezius and bilateral rotator cuffs. A request for authorization of physical therapy of the bilateral shoulders, elbows, wrists and knees was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral shoulders, elbows, wrists and knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 203, 25 - 36, 264, and 337 - 338, respectively.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 when he was crushed between two walls while moving a prefabricated wall. Injuries included lumbar spine fractures and he was hospitalized for five days. When seen, no prior records were available for review. Treatment had included medications and use of a walker. He had complaints of bilateral shoulder, elbow, knee, and wrist pain and continuous mid and low back pain with lower extremity radiating symptoms. Diagnoses included thoracic and lumbar spine sprain/strain, bilateral multi-joint pain, headaches, anxiety, stress, and abdominal pain. Guidelines recommend physical therapy including a recommended number of visits and treatment. In this case, the number of sessions being requested is not specified. Therefore, this request is not medically necessary.