

Case Number:	CM15-0079498		
Date Assigned:	04/30/2015	Date of Injury:	08/08/2014
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 08/08/2014. She has reported injury to the bilateral upper extremities. The diagnoses have included overuse bilateral upper extremities; and cervical myofascial pain. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Tramadol ER, Naproxen, and Pantoprazole. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral shoulders, bilateral elbows, bilateral wrists/hands, and neck. Objective findings included tenderness of the cervical spine and cervical paraspinal musculature with spasm; positive Tinel's sign in the bilateral wrists; and mild tenderness of the bilateral medial and lateral epicondyles. The treatment plan has included the request for additional physical therapy two times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times four: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with pain affecting the upper bilateral extremities. The current request is for Additional Physical Therapy two times four. The treating physician states in the 3/11/15 report, "This is a request for physical therapy left shoulder at 2 times per week for 4 weeks." (14B) In the 2/28/15 report the treating physician states, "Spasm was refractory to activity modification, stretching, heat, physical therapy, home exercise." (28B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary and the recommendation is for denial.