

Case Number:	CM14-0052867		
Date Assigned:	07/07/2014	Date of Injury:	09/30/2013
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available records, this 52-year-old female worker suffered injuries on 9/30/13. She was working in the kitchen area while employed by [REDACTED]. She walked to the dishwashing station, slipped, and fell on an oil spill. She landed on her right knee, and used her arms and hands to brace for the impact. Subsequently she developed pain in the shoulder, right elbow, in the right hand and wrist as well as neck and back pain. Over time she also complained of numbness and tingling in the upper extremities. She underwent several imaging studies. Multiple radiographs exhibited normal cervical spine, normal right shoulder, and left shoulder. Normal elbow bilaterally as well hand and wrist x-rays. The patient received significant treatment which included medications as well as completion of 24 physical therapy visits. She was seen by an orthopedist for additional evaluation on 2/12/14. It seems that she underwent very extensive evaluation pertaining to multiple complaints as described above. Additional physical therapy was recommended along with MRI of the shoulder, elbow and wrist as well as cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x/ week x 6 weeks cervical spine, right shoulder, elbow, hand/ wrist and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back updated 3/7/14, Physical Therapy Guidelines, Displacement of cervical intervertebral disc; Official Disability Guidelines, Shoulder, Physical Therapy Guidelines

updated 1/20/14, Rotator cuff syndrome/ impingement syndrome; Official Disability Guidelines, Elbow, Physical Therapy Guidelines, updated 2/14/14, Sprains and strains of the elbow and forearm; Official Disability Guidelines Forearm, Wrist and Hand, Physical Therapy Guidelines updated 2/18/14, Sprains and strains of the knee and leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient has multiple areas of pain including neck and back, shoulder, hand and wrist, elbow and knee joints. She has undergone numerous imaging studies which are essentially normal. The patient has already undergone 24 visits of physical therapy. Based on the guidelines provided by MTUS and official disability guidelines, additional physical therapy 2 times a week for 6 weeks is not medically necessary.