

Case Number:	CM17-0002198		
Date Assigned:	01/09/2017	Date of Injury:	10/11/2016
Decision Date:	01/31/2017	UR Denial Date:	12/27/2016
Priority:	Standard	Application Received:	01/03/2017

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 41 year old male who sustained an industrial injury on 10-11-2016. He is being treated for strain of muscle and or tendon of wrist, low back strain, strain of knee, shoulder strain, and injury of unknown intent due to fall from height. Medical records dated 12-14-2016 noted pain to the left shoulder, left wrist, left knee, and low back. Exam noted good range of motion to the neck and shoulders. There was limited range of motion to the left wrist with guarding. Treatment has included at least 6 sessions of physical therapy. Utilization review form dated 12-27-2016 noted eight physical therapy sessions for the lumbar spine, left shoulder, left wrist and left knee was the original request. Six physical therapy sessions for the lumbar spine, left shoulder and left knee was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request is for two physical therapy sessions for the lumbar spine, left shoulder and left knee and eight physical therapy sessions for the left wrist and noted Eight occupational therapy sessions for the lumbar spine, left shoulder, left wrist and left knee was the original request. Six occupational therapy sessions for the left wrist was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request is for two occupational therapy sessions for the left wrist and eight occupational therapy sessions for the lumbar spine, left shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions for the lumbar spine, left shoulder, left wrist and left knee was the original request. Six physical therapy sessions for the lumbar spine, left shoulder and left knee was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, two physical therapy sessions for the lumbar spine, left shoulder and left knee and eight physical therapy sessions for the left wrist is: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Follow-up Visits, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Knee Complaints 2004, Section(s): Initial Care, Follow-up Visits, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: The request is not medically necessary. The patient has had previous physical therapy sessions without objective documentation of functional improvement. As per the summary, the patient had six sessions of therapy. According to MTUS, myalgias and myositis warrant 9-10 visits over 8 weeks, which the patient would exceed with this request. Without documented improvement and explanation of rationale for more physical therapy, there is no need for additional sessions. He should have also been taught a home exercise program to continue. Functional improvement should be documented after six sessions. Therefore, the additional two sessions is not necessary. Therefore, the request is considered not medically necessary.

Eight occupational therapy sessions for the lumbar spine, left shoulder, left wrist and left knee was the original request. Six occupational therapy sessions for the left wrist was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, two occupational therapy sessions for the left wrist and eight occupational therapy sessions for the lumbar spine, left shoulder and left knee is: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Follow-up Visits, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Initial Care, Follow-up Visits, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Follow-up Visits, and Knee Complaints 2004, Section(s): Initial Care, Follow-up Visits, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: The request is not medically necessary. The patient has had previous physical therapy sessions without objective documentation of functional improvement. As per

the summary, the patient had six sessions of therapy. According to MTUS, myalgias and myositis warrant 9-10 visits over 8 weeks, which the patient would exceed with this request. Without documented improvement and explanation of rationale for more occupational therapy, there is no need for additional sessions. He should have also been taught a home exercise program to continue. Functional improvement should be documented after six sessions. Therefore, the additional two sessions is not necessary. Therefore, the request is considered not medically necessary.