

Case Number:	CM13-0005177		
Date Assigned:	01/29/2014	Date of Injury:	04/24/2013
Decision Date:	04/11/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/31/2013

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 Family Practice and is licensed to practice in California. 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:

This is a 38 yr. old female claimant sustained an injury on 4/24/11 resulting in chronic lumbar, right ankle, right hand and cervical spine pain. An orthopedic examination note in August 2013 Final Determination Letter for IMR Case Number CM13-0005177 3 stated that the patient continues to have cervical spine pain radiating to the left scapula and left on our digits. There was reduced range of motion with flexion extension of the cervical spine as well as decreasing sensation in the left upper extremity. There was no noted improvement from prior physical therapy performed during this visit. Additional physical therapy for two times a week for four weeks was requested. An orthopedic examination visit on October 15, 2013 noted intermittent paresthesias in both hands including the middle, ring, fifth finger as well as muscle spasms and reduced range of motion in the cervical spine. A work limitation was provided as well as request for physical therapy two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT THUMB, RIGHT ANKLE, AND CERVICAL SPINE: Upheld

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

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

Decision rationale: In this case the claimant had some neuropathic symptoms which according to the guidelines above would limit to four weeks of treatment. The claimant had already received several months of physical therapy without significant functional improvement. The above requested additional physical therapy is not medically necessary.