

Case Number:	CM13-0014245		
Date Assigned:	10/02/2013	Date of Injury:	08/28/2009
Decision Date:	01/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 69 year old male with a date of injury of August 28, 2009. The patient has diagnoses of bilateral hand and wrist Dupuytren's and carpal tunnel release, bilateral shoulder surgeries, cervical strain/strain, lumbar strain/sprain with radiculitis and right knee contusion. Progress report by [REDACTED] dated July 15, 2013, states patient has chronic neck and back pain. Examination shows mild to moderate tenderness and spasm of the lumbar paraspinal musculature from L1-S1 on the left. Range of motion (ROM) is decreased and flexion is 60 degrees. Mild/moderate tenderness and spasm in the paraspinal cervical musculature from the occiput to C7 on the left. [REDACTED] request 6 physical therapy (PT) sessions to reduce symptoms and restore function. Medical records show patient had received 33 PT sessions after his 2009 injury. There are no other records showing patient had received any recent therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six (6) physical therapy session for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient has diagnoses of bilateral hand and wrist Dupuytren's and carpal tunnel release, bilateral shoulder surgery, cervical strain/strain, lumbar strain/sprain with radiculitis and right knee contusion. Medical records indicate the patient has received 33 sessions up to June 04, 2012 (last physical therapy report). There are no other records showing patient had received any recent therapy. The Chronic Pain Medical Treatment Guidelines indicate 8-10 physical therapy visits for non-post therapy involving neuralgia, neuritis, and radiculitis diagnoses. The guidelines also direct that there is fading of treatment frequency plus active self-directed home physical medicine. Additionally, the Chronic Pain Medical Treatment Guidelines states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." There are no notes regarding the patient's transition to self-directed home physical medicine from the previous PT provided and whether the patient is actively engaged currently in utilizing any of PT training that was provided in the past. Therefore the request for six (6) physical therapy session for the cervical and lumbar spine is not medically necessary and appropriate.