

Case Number:	CM13-0021650		
Date Assigned:	11/13/2013	Date of Injury:	08/01/2004
Decision Date:	02/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 and is licensed to practice in Oklahoma and Texas. 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 47 year old female who reported an injury on 08/01/2004. The mechanism of injury information was not provided in the medical record. The diagnostic studies included official MRIs of bilateral wrist, and official x-rays of bilateral wrists dated 05/15/2013. There were official MRIs of left and right wrist, cervical spine, and left and right shoulders on 06/25/2013. Official X-rays of bilateral shoulders, bilateral wrist and cervical spine dated 06/25/2013. Official EMG/NCV was provided as well. The patient had received multiple conservative therapies to include, acupuncture, physical therapy, ultrasound, and massage with paraffin. The patient reported her pain was at 5/10 while receiving conservative therapy but at last documented clinical visit the patient stated her pain was 6/10. The patient only took Advil as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: California MTUS states physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In order for physical therapy to be medically necessary, one must have objective clinical findings of functional deficits, decreased range of motion, increased pain, decreased strength and endurance. There is none of the aforementioned deficits documented in the medical record. As such the medical necessity for physical therapy consultation has not been proven; therefore the request for Physical therapy consultation is non-certified.

Eight (8) physical therapy sessions: Upheld

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

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

Decision rationale: California MTUS states physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no clear explanation of exactly why physical therapy is being requested. There are no recent objective clinical findings of any functional deficits for the patient. Since the purpose of physical therapy is to increase functional levels, strength, endurance, overall quality of life, and range of motion, and there is no documentation of any deficit in either of these areas, the medical necessity for physical therapy cannot be proven. As such, the request for 8 physical therapy sessions is non-certified.