

Case Number:	CM13-0024378		
Date Assigned:	11/20/2013	Date of Injury:	11/29/2012
Decision Date:	01/08/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 33-year-old female who reported a work-related injury on 11/29/2012 as result of a fall. The patient subsequent to her injury utilized a course of physical therapy interventions per the clinical notes reviewed. The clinical note dated 08/27/2013 reports the patient was seen for follow up under the care of [REDACTED]. The provider documents the patient continues to report multiple bodily injury pain complaints to include her head, neck, right shoulder, right elbow, mid back, and right hip. The provider documents the patient reports utilization of Norco has been ineffective for her pain complaints. Therefore, the provider documented a trial of OxyContin would be administered. Upon physical exam of the patient, palpation upon tenderness was reported throughout the cervical spine, right shoulder, right elbow, lumbar spine, right hip, and bilateral hands. The provider documented decreased grip strength was noted bilaterally to the upper extremities, sensation was reduced to the bilateral median nerve distribution, and the patient had positive Tinel's and Phalen's bilaterally. The provider documented the patient presented with cervical spine strain, bilateral radiculopathy, bilateral shoulder impingement, right lateral epicondylitis, and lumbar radiculopathy. The provider recommended the patient undergo a course of physical therapy, continue her medications, and begin a trial of OxyContin 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times a week for four (4) weeks (head, neck, right shoulder, right elbow, mid back and right hip): Upheld

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

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

Decision rationale: The clinical notes failed to evidence support for the current request. The clinical notes document the patient continues to present with significant pain complaints status post a work-related fall with injury sustained in 11/2012. The provider reported the patient had previously utilized physical therapy interventions; however, it is unclear duration or frequency of physical therapy or quantifiable outcomes from interventions utilized. The clinical notes failed to document significant objective findings of motor, neurological, or sensory deficits that would support continued physical therapy interventions at this point in the patient's treatment. The California MTUS indicates, "allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. As such, the request for physical therapy three (3) times a week for four (4) weeks (head, neck, right shoulder, right elbow, mid back and right hip) is not medically necessary or appropriate.