

Case Number:	CM13-0024892		
Date Assigned:	11/20/2013	Date of Injury:	07/05/2007
Decision Date:	01/22/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/11/2013

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 New York 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 65-year-old female who was involved in an industrial related incident on 07/05/2007. The patient has been treated for ongoing pain complaints since 04/2008. The patient most recently was re-evaluated on 08/08/2013 reporting constant headaches, left shoulder pain, neck pain, left eye blurry, constant hip pain, and back pain. The patient was reexamined on 10/22/2013 with many of the same complaints to also include stomach ache, nausea, and feeling dizzy when she was sitting, as well as bilateral wrist pain. At the time of the exam, the patient was diagnosed as having posttraumatic headache syndrome, a contusion of the head and left shoulder, cervical sprain/strain, left shoulder sprain/strain, and a left eye injury. An MRI of the cervical spine without contrast was performed on 11/10/2013 which revealed no significant changes in overall appearance of the cervical spine as compared to an MRI dated 11/13/2012, allowing for differences in the positioning of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times per week for four weeks: Upheld

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

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

Decision rationale: Under California MTUS Guidelines, it states that physical medicine is allowed for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, they are allowed 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified, and 24 visits over 16 weeks with a diagnosis of reflex sympathetic dystrophy. The patient has had ongoing pain for approximately 6 years post injury, and it is unknown if the physical therapy being requested is for the ongoing conservative therapy. The documentation does not provide any current injury or exacerbation of her previous injury and shows no indication that the patient is suffering from functional deficits to include decreased range of motion. As such, the patient does not meet guideline criteria for physical therapy at this time. As such, the requested service is non-certified.