

Case Number:	CM13-0025595		
Date Assigned:	11/20/2013	Date of Injury:	07/21/2003
Decision Date:	02/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Practice and is licensed to practice in 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 57-year-old male who reported an injury on 07/21/2003. The patient's initial injuries and course of treatment were not provided in the medical records. However, it is known that the patient has Complex Regional Pain Syndrome type 1 in the right upper extremity. He had an implantation of a spinal cord stimulator that was later removed due to shocking sensations. He had difficulty with an Methicillin -Resistant Staphylococcus Aureus infection that was treated during 2012 and 2013. The patient's present subjective complaints include muscle spasms in his left leg and foot as well as multiple falls, pain, and difficulty performing activities of daily living. As almost all the clinical note content is identical, it is difficult to determine if the patient has been receiving any alternative therapy, such as a home exercise and stretching program, recent therapy, or use of a TENS unit. Range of motion cannot be determined as all the notes state they are "unchanged since last exam" but records of the initial values were not provided. The same goes for his sensory exam; all records state that it is "unchanged since last exam", with no original description provided. As for motor strength, physical exam findings stated that it was 4/5 in all muscle groups and equal bilaterally to both upper and lower extremities. The patient's current medications include morphine IR 15 mg, 1 tablet 3 times a day as needed for pain; Clonidine 0.1 mg, 1 tablet 3 times a day; Xanax 1 mg, 1 tablet every 8 hours as needed for anxiety; Baclofen 10 mg, 2 tablets twice a day as needed for spasm; and Senoko-S, 1 to 2 tablets as needed, twice a day for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 visits of Physical Therapy for the right upper extremity: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified myalgia or myositis and unspecified neuralgia or neuritis, Guidelines recommend 8 to 10 visits with extension of treatment being based on the provision of objective functional improvement findings. Guidelines also recommend that an initial 6 visits are performed to determine the therapy's efficacy before continuing with further recommended sessions. According to the clinical notes provided for review, the patient has no significant motor strength deficits; range of motion and sensation were not addressed. Without this information, medical necessity cannot be determined. Furthermore, the request for 12 visits exceeds Guideline recommendations. As such, the request for 12 visits of Physical Therapy for the right upper extremity is non-certified.