

Case Number:	CM13-0026330		
Date Assigned:	11/22/2013	Date of Injury:	03/26/2012
Decision Date:	01/29/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year-old sustained an injury on 3/26/12 while employed by [REDACTED]. Request under consideration include physical therapy 6 visits. Diagnoses include Carpal tunnel syndrome, myalgia and myositis, and brachial plexus lesion. Treatment has included physical therapy, medications, and modified work. Report dated 8/6/13 from [REDACTED] noted the patient with chronic pain involving the RUE (right upper extremities), shoulder, and neck. Exam was not specified. Medications list Etodolac, Gabapentin, Ibuprofen, and Hydrocodone-Acetaminophen 5-500 mg. Discussion included "She has continued to remain consistent with her home exercise program and feels as though she is gradually getting stronger." Treatment plan is for additional PT x 6 to address any flare-ups, problems, or limitations she may have while doing increased work load. This was non-certified by UR on 8/23/13, citing guidelines criteria and lack of medical indication. There is documentation of previous PT visits; however, no number of sessions have been provided or documentation of objective improvement with previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Physician Reviewer's decision rationale: This 30 year-old female sustained an injury on 3/26/12 while employed by [REDACTED]. Request under consideration include physical therapy 6 visits. Diagnoses include Carpal tunnel syndrome, myalgia and myositis, and brachial plexus lesion. Conservative treatment has included physical therapy, medications, and modified work. Report dated 8/6/13 from [REDACTED] noted the patient with chronic pain involving the RUE, shoulder, and neck. Exam was not specified. Medications list Etodolac, Gabapentin, Ibuprofen, and Hydrocodone-Acetaminophen 5-500 mg. Discussion included "She has continued to remain consistent with her home exercise program and feels as though she is gradually getting stronger." Treatment plan is for additional PT x 6 to address any flare-ups, problems, or limitations she may have while doing increased work load. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received some previous therapy sessions reports and current request is for additional PT conditional upon her flare-ups which have not occurred. [REDACTED] baci noted on requesting report of 8/6/13, "She has continued to remain consistent with her home exercise program and feels as though she is gradually getting stronger." Submitted reports have not adequately demonstrated the indication to support further physical therapy. The request for six additional physical therapy visits is not medically necessary or appropriate.