

Case Number:	CM13-0026991		
Date Assigned:	11/22/2013	Date of Injury:	11/26/2010
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 & 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 46-year-old female who reported a work-related injury on 11/26/2010 due to a fall. The patient has undergone physical therapy sessions. Her medications included Anaprox, Ultracet, Prilosec and Cymbalta. Her diagnoses include chronic thoracic back pain, chronic neck pain, left wrist pain/degenerative changes, left dorsal distal forearm pain, complex regional pain syndrome of the left upper extremity and degenerative C5-7 disc. The patient has received cortisone shots in the left shoulder and wrist and has also undergone chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The recent clinical documentation submitted for review stated that the patient complained of left wrist pain as well as upper thoracic and back and neck pain. The patient reported that her current pain level was an 8/10 for her overall pain. Palpation of the patient's spine demonstrated maximum tenderness along the midline lower lumbar spine and

thoracic spine. The patient ambulated without assistance. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that 9 to 10 physical therapy visits over 8 weeks are recommended for myalgia and myositis. The patient has attended an unknown number of therapy sessions to date. There was no documentation submitted noting the efficacy of the patient's prior physical therapy visits. There was also a lack of significant functional deficits noted for the patient to warrant formal physical therapy visits. There was no documentation submitted which gave evidence that the patient would not be able to minimize her deficits in a home exercise program. As such, the request for physical therapy for the spine is non-certified.