

Case Number:	CM13-0034697		
Date Assigned:	12/11/2013	Date of Injury:	07/15/2013
Decision Date:	01/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, 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 30-year-old female who reported an injury on 07/15/2013. The mechanism of injury was noted to be cumulative trauma. Her symptoms were noted to include right wrist and left elbow pain, as well as numbness and tingling to her bilateral forearms and wrists, and sleep disturbance. Her diagnoses are noted as cervical sprain, thoracic sprain, and bilateral wrist sprain. The patient was noted to have begun physical therapy on 09/04/2013 and had 6 visits, the last being on 09/20/2013. Her final visit, objective findings included full range of motion of the cervical spine for flexion and extension, and decreased range of motion of the cervical spine as side bending to the right 30 degrees, and to the left 25 degrees, left rotation 50 degrees, and right rotation 50 degrees. These were noted to be the same as they had been noted at her initial visit. No other objective findings were included on her 09/20/2013 physical therapy progress report. However, it was noted that the patient was able to tolerate side-lying with minimal numbness and tingling, was able to tolerate 20 minutes of typing with minimal discomfort, and her numbness and tingling had decreased in general. A recommendation was made to continue physical therapy 2 treatments a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): 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 California MTUS Guidelines state that physical medicine is recommended as 9 to 10 visits over 8 weeks for myalgia and myositis. The clinical information submitted for review fails to show any objective functional improvement that the patient received from her previous 6 visits of physical therapy. With the absence of documented objective functional gains, the request for additional physical therapy visits is not supported. Therefore, the request is non-certified.