

Case Number:	CM13-0038535		
Date Assigned:	12/18/2013	Date of Injury:	11/14/2012
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicinal and Emergency Medicine and is licensed to practice in New York. 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 expert 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 20-year-old female who injured her left forearm at work on 11-14-12, and who has been diagnosed with a left radial neuritis and forearm pain syndrome. A report from 10-07-2013 indicated ongoing pain in the left forearm with some tenderness along the path of the left radial nerve. The claimant has been treated with anti-inflammatories and analgesics and was first recommended for physical therapy (PT) on 03/05/13. Eight sessions of PT were begun on 03/15/13. The record does not document the total number of physical therapy sessions, time period, or resulting functional improvement of any prior physical therapy. The provider requested an ergonomic assessment as well as twice weekly physical therapy sessions for four weeks. Review determination was rendered on 10/14/13 recommending non-certification of "physical therapy two (2) times a week for four (4) weeks."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS: 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 section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. In this case, the record lacks documentation of the extent and results of prior therapy, the medical necessity for continued therapy is not adequately documented, and therefore the request is not medically necessary.