

Case Number:	CM13-0045161		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2012
Decision Date:	04/29/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Massachusetts. 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 claimant has a prior history of carpal tunnel surgery in 2006. On 6/1/2012, she is reported to have been involved in a workplace accident, when some boxes fell onto her upper and lower back area. An initial orthopedic evaluation on 9/7/2012 concluded that her diagnosis was a back contusion. It was opined that there was no evidence of permanent disability. Since that time, she had persistent pains in the neck and back. She had headaches. She underwent treatment that included physical therapy. Therapy included cryotherapy, ultrasound, therapeutic exercise, and stretching. Treatment was poorly tolerated. On a 4/12/2013 visit with orthopedics, it was reported that she had undergone physical therapy, but had persistent symptoms. She was taking Advil. On examination, she was neurologically intact. MRI and electrodiagnostics were recommended. On a 10/24/2013 visit with orthopedics, it was noted that physical therapy coverage had been denied. A trial of chiropractic and acupuncture was to be requested. On a 12/12/2013 visit with orthopedics, it was noted that there was increased numbness in the thighs and tingling in the hands. A trial of chiropractic and acupuncture was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS: 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 Page(s): 98-99.

Decision rationale: Additional supervised physical therapy for this claimant is not medically necessary given a lack of anticipated analgesic and/or functional benefit of a significant and sustained nature. The claimant has had prolonged symptoms that have been significantly out of proportion with her initial injuries. Additional therapy would not be expected to positively impact her symptomatology or functional status given her symptomatic history to date. She had, moreover, not derived significant benefit from therapy or tolerated therapy in the past due to her symptoms. This determination is consistent with MTUS guidelines, which recommend a fading of supervised treatment and transition to active therapies at home. The claimant has already undergone formal therapy and should already have been fully transitioned to a home program. There are no proposed physical therapy exercise interventions or modalities that could not be performed independently or substituted with an independent program. The requested additional physical therapy is not medically necessary.