

Case Number:	CM13-0055514		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2013
Decision Date:	03/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with a 5/23/13 date of injury. At the time of request for authorization for Outpatient physical therapy (PT), three (3) times per week for three (3) weeks to the cervical, lumbar and left wrist, there is documentation of subjective (neck pain, left arm pain, left wrist pain, and left low back and leg pain) and objective (tenderness to palpation over the left forearm, 1+ reflexes of the biceps, triceps and brachioradialis, and decreased thoracolumbar range of motion) findings, current diagnoses (left wrist sprain, cervical sprain/strain, and lumbosacral sprain/strain), and treatment to date (9 sessions of physical therapy). There is no documentation of objective improvement with previous treatment and the proposed number of sessions, in addition to the number of sessions already completed, would exceed guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT), three (3) times a week for three (3) weeks to the cervical, lumbar and left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Pain, Suffering, and the Restoration of Function Chapter, page(s) 114; and the Official Disability Guidelines (ODG) Neck & Upper Back; Low Back; Forearm, Wrist, & Hand, Physi

Decision rationale: MTUS reference to ACOEM identifies documentation of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of physical therapy. ODG recommends a limited course of physical therapy for patients with diagnoses of cervical, lumbar, and wrist sprain/strain not to exceed 10 sessions over 8 weeks, and documentation of exceptional factors when treatment duration and/or number of visits exceed the guidelines. Within the medical information available for review, there is documentation of diagnoses of left wrist sprain, cervical sprain/strain, and lumbosacral sprain/strain. In addition, there is documentation of 9 physical therapy sessions completed to date, functional deficits, and functional goals. However, there is no documentation of objective improvement with previous treatment. In addition, the proposed number of sessions, in addition to the number of sessions already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Outpatient physical therapy (PT), three (3) times per week for three (3) weeks to the cervical, lumbar and left wrist is not medically necessary.