

Case Number:	CM13-0061688		
Date Assigned:	12/30/2013	Date of Injury:	03/17/2004
Decision Date:	05/21/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 and 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 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 injured worker is a 53-year-old female who reported an injury on 03/17/2004. The mechanism of injury was not stated. The current diagnoses include chronic right upper extremity pain, possible right lateral epicondylitis, neck and upper extremity pain, depression and anxiety, mildly increased liver function tests, and inconsistent urine drug screens. The injured worker was evaluated on 11/21/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. The injured worker is currently attending physical therapy. The current medications include tramadol, Relafen, Prilosec, Pristiq, and amitriptyline. A physical examination was not provided on that date. The treatment recommendations included continuation of physical therapy and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 WEEKS 2X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99

Decision rationale: The Chronic Pain Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the injured worker is currently participating in a course of physical therapy; however, there is no documentation of the previous course with evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. There is also no specific body part listed in the current request. As such, the request is non-certified.