

Case Number:	CM13-0062651		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2002
Decision Date:	04/14/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 68-year-old female who reported an injury on 04/26/2002. The precise mechanism of injury was not provided. The documentation of 11/06/2013 revealed that the patient had a positive bilateral Kemp's; positive bilateral shoulder impingement; positive bilateral wrists with Tinel's and hypoesthesia at the digits, right greater than left; and positive bilateral McMurray's and patellar grind. The patient's diagnoses were noted to include cervical, thoracic and lumbar sprains/strains, and the request was made for additional physical therapy twice a week for 4 weeks to help with functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (8 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 indicate that physical medicine is an appropriate treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient's injury was in 2002. There was a

lack of documentation of the patient's prior conservative care and the patient's response to that care. The patient should be well versed in a home exercise program. Additionally, there was a lack of documentation of functional deficits to support the necessity for physical therapy. The request as submitted failed to indicate the body part that the physical therapy was to treat. The request was noted to be to help with functionality. Given the lack of clarity, the request for PT 2 times 4 is not medically necessary.