MAXIMUS Federal Services

Case Number:	CM14-0000718		
Date Assigned:	04/04/2014	Date of Injury:	01/15/1989
Decision Date:	05/08/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 68-year-old who reported an injury on January 15, 1989 due to continuous trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker's treatment history included physical therapy, medications, and injection therapy. A physical therapy report documented that the injured worker had participated in 6 visits of physical therapy and a treatment recommendation for 6 additional physical therapy visits for multiple body parts was recommended. The injured worker was evaluated on December 11, 2013. It was documented that the injured worker had occasional pain and numbness in the right hand with pain and stiffness in the neck. The objective findings for the injured worker's physical examination on this day were illegible. The injured worker's diagnosis included a cervical and lumbar sprain. The injured worker's treatment recommendations included more physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does recommend up to eight to ten visits for patients with myalgia, myositis, neuritis, and radiculitis. The clinical documentation submitted for review does indicate that the injured worker has already participated in six visits of physical therapy. This, in combination with an additional six visits of physical therapy, would exceed guideline recommendations. There is no documentation to support extending treatment beyond guideline recommendations. Also, the request as it is submitted does not specifically identify the body parts that treatment is being requested for. Therefore, the appropriateness of the request itself cannot be determined. The request for six physical therapy sessions is not medically necessary or appropriate.