

Case Number:	CM14-0004383		
Date Assigned:	02/05/2014	Date of Injury:	04/27/2012
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/13/2014

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 44 year old female with an injury reported on 04/27/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/10/2014, reported that the injured worker complained of upper extremity pain. The physical examination findings reported the lumbar spine range of motion at anterior flexion was to 40 degrees, posterior extension was to 10 degrees, lateral flexion to the right was to 10 degrees, lateral flexion to the left was to 20 degrees. The injured worker's prescribed medication list included glipizide, actos, norco, bentyl, aspirin, and insulin. The injured worker's diagnoses included diabetes; diverticulitis; L4-5,L5-S1 fusion laminectomy in 1998 and 2000; appendectomy; hysterectomy. The request for authorization date was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2X6 AT [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Page Carpal Tunnel Syndrome.. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy.

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

Decision rationale: The request for additional PT 2x6 at [REDACTED] is non-certified. The injured worker complained of upper extremity pain. It was noted that the injured worker's lumbar spine range of motion at anterior flexion was to 40 degrees, posterior extension was to 10 degrees, lateral flexion to the right was to 10 degrees, lateral flexion to the left was to 20 degrees. It was also noted that the injured worker's prescribed medication list included glipizide, actos, norco, bentyl, aspirin, and insulin. The California MTUS guidelines active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The rationale for additional physical therapy was unclear. There was a lack of clinical information indicating the amount of physical therapy sessions the injured worker has completed, and if the injured worker showed improvement with prior therapy. It was also unclear if the injured worker had any significant functional deficits related to her injury. Moreover, the request for additional physical therapy did not indicate the specific region the therapy was being requested for. Therefore, the request is not medically necessary and appropriate.