

Case Number:	CM14-0008265		
Date Assigned:	08/08/2014	Date of Injury:	03/08/2010
Decision Date:	10/07/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 40 year old female whose date of injury is 03/08/2010. The injured worker sustained injuries to the neck, bilateral shoulders, bilateral wrist/hand and low back due to repetitive work injuries. Treatment to date includes chiropractic manipulation, physical therapy, magnetic resonance image (MRI) scans, electrodiagnostic, and medication management. The most recent clinical note submitted for review is dated 09/24/13. Diagnoses are listed as cervical musculoligamentous strain/sprain, bilateral wrist complaints, lumbar musculoligamentous strain/sprain, bilateral shoulder rotator cuff impingement, status post MRI of the cervical spine, status post MRI of the lumbar spine, status post electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #12-18 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, physical therapy

Decision rationale: Based on the clinical information provided, the request for physical therapy #12-18 is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The most recent clinical documentation submitted for review is over one year old. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the requested physical therapy is not in accordance with the Official Disability Guidelines and medical necessity is not established.