

Case Number:	CM14-0008563		
Date Assigned:	02/14/2014	Date of Injury:	08/15/2011
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 patient is a 67 Y/O female with history of cumulative injuries (DOI of 8/15/11). She continues to have neck pain, tingling / numbness in both wrists, and painful right shoulder and arm. Objectively, she has decreased sensation in the 2nd, 3rd and 4th fingers bilaterally. Diagnoses: Cervical sprain, upper extremity radiculitis, disc bulges at C4-5 through C7-T1, overuse syndrome of B/L UE, B/L CTS, possible ulnar neuritis in the left side, DeQuervain's tendinitis bilaterally, right rotator cuff tear, medial epicondylitis bilaterally, mild OA of right AC joint. The patient has been taking Naproxen, Omeprazole and Norco. The patient has received 6 PT visits about 2 months ago and is noted to have had functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS TO INCREASE ROM (RANGE OF MOTION) AND STRENGTHENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy..

Decision rationale: Per CA MTUS guidelines for chronic pain, additional PT visits is indicated when there is acute flare up over baseline chronic pain. The submitted clinical records do not show any acute flare up or new event. Furthermore, there is no mention of specific therapy goals or body parts to be treated or any clinical indication that she would benefit from additional PT visits. Additionally, the patient attended 4 therapy visits (according to PT note dated 2/3/14) and failed to demonstrate any improvement in all areas (except for UE ROM). She was discharged from PT and was instructed on home exercise program. Therefore, the medical necessity of the requested service cannot be established at this time.