

Case Number:	CM14-0100975		
Date Assigned:	07/30/2014	Date of Injury:	05/09/2011
Decision Date:	10/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family 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 injured worker is a 46 year old female who was injured on May 9, 2011 to her bilateral upper extremities while working as an account assistant. The mechanism of injury is undisclosed. The diagnoses are listed as spinal stenosis on cervical region, spinal stenosis of lumbar region without neurogenic claudication, carpal tunnel syndrome. The most recent progress note dated 6/8/12, reveals complaints of constant pain in her neck which radiates into both trapezii and both shoulders worse with all activities especially any overhead lifting or reaching, constant low back pain which radiates into her buttocks, right greater than left; pain in both shoulders as well as numbness in both hands. Prior treatment includes physical therapy, MRI of the left shoulder without contrast, MRI of the right shoulder without contrast, Modabblers splints, urine toxicology screen, and medications. A prior utilization review determination dated 6/16/14 resulted in denial of physical therapy continuance with two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy continue two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: CA MTUS provides that physical therapy is recommended, noting that passive therapy can provide short term relief during the early phases of pain treatment. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend a 6 visit trial with additional sessions based on assessment after the initial trial with objective functional improvement. A home exercise program is indicated in conjunction with physical therapy. The injured worker has multiple complaints primarily of the low back, right shoulder and bilateral wrists. She has been treated with medications; cortisone injection with short term relief; acupuncture, and physical therapy. However, there is no comprehensive history of the total number of therapy sessions completed to date, modalities used, and response to treatment. It is unclear if the injured worker currently is performing a home exercise program.. However, the request as submitted for 12 physical therapy visits is not indicated as medically necessary.