MAXIMUS Federal Services

Case Number:	CM14-0012765		
Date Assigned:	02/21/2014	Date of Injury:	07/31/2006
Decision Date:	08/05/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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 47-year-old female who has submitted a claim for cervical radiculopathy, bilateral tennis elbow, status post right common extensor tendon release, bilateral carpal tunnel syndrome and lumbar radiculopathy associated with an industrial injury date of July 31, 2006. Medical records from August 2013 to January 2014 were reviewed, which showed that the patient complained of low back pain as well as bilateral elbow pain that recently worsened. Physical examination revealed cervical paravertebral muscle tenderness and spasm with restricted range of motion. Lumbar spine revealed paravertebral muscle tenderness and spasm with restricted range of motion and positive straight leg raise test bilaterally. Treatment to date has included oral analgesics, chiropractic treatment and physical therapy. A utilization review from January 2, 2014 denied the request for twelve (12) physical therapy sessions for bilateral elbows and lumbar spine because there was no description of musculoskeletal deficits that would indicate a need for additional therapy.

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 FOR BILATERAL ELBOWS AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, given the 2006 date of injury, the number of completed physiotherapy sessions was not indicated in the medical records. Furthermore, continued benefit of physiotherapy was likewise not documented. The patient should be well-versed on independent exercises by now, and so is expected to continue active therapies at home in order to maintain improvement levels. There is no indication for continued physiotherapy; therefore, the request for twelve (12) physical therapy sessions for bilateral elbows and lumbar spine is not medically necessary.