

Case Number:	CM14-0112435		
Date Assigned:	10/23/2014	Date of Injury:	03/12/2013
Decision Date:	11/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and a licensed Acupuncturist, 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:

This is a 43 year old female injured worker with date of injury 3/12/13 with related shoulder, wrist, hand, and back pain. Per progress report dated 6/12/14, the injured worker complained of intermittent pain in her right shoulder, upper back, bilateral wrists, and bilateral hands which she described as pressure. She rated her pain 3/10 in intensity. She also complained of tingling. She complained of low back pain described as pressure and sharp, rated 7/10 in intensity. Per physical exam, the injured worker's neck was stiff and tender, the shoulders were tender bilaterally, the spine was tender at the cervical, thoracic, and lumbosacral spine. Treatment to date has included physical therapy, acupuncture, and medication management. The date of UR decision was 6/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Physical Therapy (12-sessions for E-Stim Therapy, Paraffin Bath, Infrared Therapy, Massage Therapy and Ultrasound Therapy, DOS: 3/28/13, 4/1/13, 4/12/13, 5/03/13, 6/3/13, 6/6/13, 6/13/13, 6/14/13, 6/17/13, 6/26/13-6/27/13 and 7/19/13): Upheld

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

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 [REDACTED]): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD [REDACTED]): 8-10 visits over 4 weeks. "Lumbar sprains and strains (ICD9 [REDACTED]): 10 visits over 8 weeks. The retrospective request is in excess of the initial 6 session trial which is supported by the guidelines, and the documentation does not contain evidence of functional benefit which would justify extension. Furthermore, the requested 12 sessions were in excess of the guideline recommended 10 visits over 8 weeks. The request is not medically necessary.