

Case Number:	CM14-0114361		
Date Assigned:	08/04/2014	Date of Injury:	10/21/2012
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Rehabilitation, 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 61-year-old female who reported an injury on 10/21/12. The mechanism of injury was not provided for clinical review. The diagnoses included chronic cervical strain, chronic lumbar strain with bilateral lower extremity radicular symptoms, bilateral carpal tunnel syndrome, status post carpal tunnel syndrome, chronic trapezial strain, bilateral elbow tendinopathy, and bilateral knee patellofemoral chondromalacia. Previous treatments included physical therapy and medication. Within the clinical note dated 5/30/14, it was reported the injured worker complained of cervical spine, thoracic spine, lumbar spine, bilateral shoulders, elbows, bilateral hands, bilateral knees, and bilateral feet pain. Upon the physical examination, the provider noted the cervical spine revealed limited range of motion. There was tenderness over the trapezial/paravertebrals equally. The provider noted the range of motion of the lumbar spine was limited. She had tenderness over the paraspinals equally. Kemp's test was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional Physical Therapy sessions for the Cervical Spine, three (3) times a week for two (2) weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia or myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the number of sessions the injured worker has previously undergone. There is a lack of documentation indicating the efficacy of the prior course of physical therapy. There is a lack of documentation indicating improvement in functional benefit. Therefore, the request is not medically necessary.