

Case Number:	CM14-0120517		
Date Assigned:	08/06/2014	Date of Injury:	06/14/2010
Decision Date:	11/05/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and 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 injured worker is a 33-year-old individual with an original date of injury of June 14, 2010. The injured worker has chronic neck pain, left elbow pain, and left hand pain. According to a progress note on date of service June 18, 2014, the patient had six recent occupational therapy sessions with improvement in upper extremity pain but no change in neck and shoulder pain. A physical therapy progress note dated June 18, 2014 specified that the claimant had attended five visits of therapy and reported some improvement in range of motion. The disputed request is for additional physical therapy for the cervical spine, left elbow, and left-hand. This request was denied in a utilization review decision on July 2, 2014. The rationale for the denial was that the patient had lack of progress documented with respect to neck pain and lack of significant deficits upon exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 3 times a week for 2 weeks for cervical spine, left elbow and left hand: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT in the recent past totaling 6 sessions. She has also had TENS unit and heating pad applied. A progress note on 6/18/2014 specifies that OT has improved her upper extremity pain, but a specific description of functional improvement is not included. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury. Therefore, Additional physical therapy, 3 times a week for 2 weeks for cervical spine, left elbow and left hand is not medically necessary and appropriate.