

Case Number:	CM14-0171168		
Date Assigned:	10/23/2014	Date of Injury:	12/09/2011
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 & 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 57-year-old female with an original date of injury of December 9, 2011. The industrial diagnoses include chronic neck pain, cervical brachial syndrome, tenosynovitis of the hands and wrists, lateral epicondylitis, and rotator cuff syndrome. The patient has participated in previous physical therapy which was helpful in reducing pain, but the patient does not feel she can return to work at this point. The disputed request is for additional physical therapy for four sessions. This was denied in a utilization review determination on date of service October 3, 2014. The rationale for the denial was that the patient was not noted to have specific functional improvement although there was reported pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1 x4 for the cervical spine and bilateral Upper Extremities:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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. A progress note from 6/30/14 indicates the patient had "some improvement of the pain in her neck and both arms with physical therapy" but does not indicate specific functional improvement or reduction of work restrictions. 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. Furthermore, there is no comprehensive summary of how many sessions have been attended in total over the course of this injury (which was noted to have begun in 2011), and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.