

Case Number:	CM14-0177786		
Date Assigned:	10/31/2014	Date of Injury:	01/01/2004
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 underlying date of injury in this case is 01/01/2004. The date of the utilization review under appeal is 10/06/2014. On 07/17/2014, a primary treating physician followup note indicates the claimant was seen in followup regarding reflex sympathetic dystrophy of the upper extremities as well as major depressive disorder and cervical spondylosis. The patient was no longer taking Suboxone as it was ineffective. She continued with Gabapentin, Clonazepam, and psychiatric medications. Eleven weeks ago the patient developed pain for the first time in her left arm. She had no color changes on the left but did have color changes on the right. The treating physician noted the patient was to begin physical therapy and hand therapy had not started so far. She was delayed because her approval had expired and thus the treating physician requested a new authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy CS, number of visits not listed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy Guidelines

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to an active independent home rehabilitation program. This injury is a decade old; the treatment guidelines anticipate that the patient would have transitioned by this time to an independent home rehabilitation program. It is not clear why the patient would require additional supervised rather than independent home rehabilitation. Additionally, the details of specific authorization for physical therapy which may have expired are not apparent. Most notably, the current request at this time is for a nonspecific number of physical therapy sessions, and for that reason in particular, it would not be possible to apply a guideline to this request. For these multiple reasons, this request for physical therapy is not medically necessary.