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| Case Number: | CM14-0177996 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 10/04/2011 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/27/2014 |
| 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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/04/11 when she slipped and fell on a marble floor while walking into work. She had hip and back pain. She was out of work for two weeks. Treatments included physical therapy and cervical injections. She was seen on 09/02/14. Physical therapy in 2012 had been very helpful. She had complaints of radiating neck and low back pain, hand tingling and weakness, left elbow and hip pain, and headaches. Medications were Nucynta 50 mg two times per day, Flector two times per day, Fioricet, Zyrtec, Claritin, and fish oil. Physical examination findings included decreased cervical spine and lumbar spine range of motion. She had bilateral trapezius, supraspinatus, and rhomboids trigger points. There was bilateral occipital tenderness. She had medial epicondyle tenderness with positive Tinel's sign. There was knee tenderness bilaterally. She had decreased left upper and bilateral lower extremity sensation with normal strength. There was an antalgic, slightly wide based gait with positive Romberg testing. Nucynta and Fioricet were prescribed. Authorization for an occipital nerve block, acupuncture treatments, and additional testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (Neck and Lower Back) QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than years status post work-related injury and continues to be treated for chronic, widespread pain. Prior treatments have included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program. Therefore, this request is not medically necessary.