

Case Number:	CM14-0024891		
Date Assigned:	06/11/2014	Date of Injury:	10/18/2011
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal 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:

This is a 44 year old female who has a date of injury of 10/18/2011. The patient was working a stressful job doing repetitive data entry work for the past 3 years prior to her injury. In a note from a rheumatologist, [REDACTED], from 8/1/2013 he reported that the patient, while at work, developed pain in her right elbow, hand, arm, and right side of her neck. She then began experiencing total body pain including her muscles and joints. She also suffered from anxiety, depression, headaches, heartburn, acid reflux, diarrhea, constipation, sleep disorder, and fatigue. She was examined by an orthopedist, [REDACTED] who prescribed some medications as well as physical therapy. She was placed on modified duty about 4 hours per day. On her own she saw a rheumatologist, [REDACTED], who performed lab tests and diagnosed her with Fibromyalgia, Connective Tissue Disorder, and Rheumatoid Arthritis. The patient was subsequently taken off of work and was treated with various medications including neurontin, klonopin, and savella by [REDACTED]. In a report from [REDACTED] dated 1/31/2014, he noted 12+ trigger point tender areas during his examination and recommended physical therapy for managing and reducing pain and stiffness associated with Fibromyalgia Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 36 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99.

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

Decision rationale: Based on MTUS guidelines, passive physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Specifically, for myalgia and myositis physical therapy is recommended for 9-10 visits over 8 weeks. Therefore, based on the evidence provided and review of MTUS guidelines, the request for 36 sessions of physical therapy is not medically necessary.