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| Case Number: | CM14-0024965 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 01/07/2011 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 01/23/2014 |
| 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on January 7, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of right upper extremity CRPS symptoms. Current medications include amitriptyline, Lidoderm patches, meloxicam, omeprazole, and Skelaxin. The physical examination demonstrated erythema of the right forearm with warmth to the touch. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, a home exercise program, a wrist splint, and oral medications. A request had been made for physical therapy 1 to 2 times per week and was denied in the pre-authorization process on January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS (1-2 TIMES A WEEK): Upheld

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

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

Decision rationale: The California MTUS Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 10 visits for management of these symptoms. Based on the clinical documentation provided, the injured employee has recently participated in physical therapy for the right upper extremity with minimal functional gains but maintenance of the current functional level. The injured employee is stated to be currently in a home exercise program. Considering this and that this request does not state how many visits of physical therapy are requested, this request for physical therapy 1 to 2 times per week is not medically necessary.