

Case Number:	CM14-0029878		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2013
Decision Date:	09/18/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/09/2014

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 Family Practice, 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 63-year-old female claimant sustained a work injury on 8/16/13 involving the neck, back, wrists, shoulders and knees. She was diagnosed with cervical disc herniation, lumbar spondylosis, and partial rotator cuff tear of shoulders, hand tendonitis and chondromalacia of both knees. A progress note on 2/5/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for cervical spine, lumbar wrists and shoulder spasms. The lumbar had a positive Kemp's test. The shoulders had a positive Speed's test. The knees had a positive McMurray's test and the wrists had a positive Phalen's test. The physician requested an additional six visits of therapy for the involved areas. The claimant had already completed 19 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional physical medicine x6 sessions for lumbar spine, cervical spine, bilateral shoulder, bilateral knees and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, physical therapy is intended for a fading frequency with progression to a home based exercise program. Most diagnoses are limited to 10 sessions over 8 weeks. In this case, the claimant had already exceeded the amount of therapy required. The additional 6 sessions of therapy requested is not medically necessary.