

Case Number:	CM14-0030673		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2004
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 Illinois. 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 injured worker is a 69-year-old female who reported an injury on 11/18/2004. The mechanism of injury was not provided. On 09/16/2013, the injured worker presented with complaints of neck, bilateral arm, bilateral wrist, and hand pain with depression. Upon examination, the injured worker had some difficulty with repetitive motion in the hands and forceful activities with her arms. She was uncomfortable performing activities of daily living and reported that gripping, grasping, holding, or manipulating objects in her hands was difficult. Prior therapy included physical therapy, medication, and topical analgesics. The diagnosis was cervical disc degeneration. The provider recommended a PT evaluation for 6 sessions 1-2 times a week for the neck and upper extremities. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION PLUS 6 SESSIONS (1-2WK) - NECK AND UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The request for a physical therapy evaluation plus 6 sessions for 1-2 weeks for the neck and upper extremities is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapy to exercise and activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete his specific exercises or tasks. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process and are to maintain improvement levels. The guidelines may offer up to 10 visits of physical therapy for up to 4 weeks. There is lack of documentation indicating the injured worker's progress with physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.