

Case Number:	CM14-0031700		
Date Assigned:	06/20/2014	Date of Injury:	04/12/2013
Decision Date:	08/05/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 56-year-old female who reported an injury on 04/12/2013. The mechanism of injury occurred while processing payroll reports when she felt numbness and tingling in the hand and a lot of pain in the arms, shoulder and neck. On 08/29/2013 the injured worker stated that physical therapy was helping with pain. Upon examination there was an abnormal EMG, increased pain, decreased range of motion to the cervical spine. Prior treatment included physical therapy and medications. The diagnoses were impingement syndrome, cervicgia, arthropathy of the right hand, and bilateral carpal tunnel. The provider recommended physical therapy for the bilateral shoulders and neck, the provider's rationale was not provided. The Request for Authorization Form was dated 08/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy bilateral shoulders twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS state active therapy is based on the philosophy that therapeutic exercise and/or 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 a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. In this case, there was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home, and in this case there were no significant barriers to transitioning the injured worker to an independent home exercise program. Therefore, the request for physical therapy bilateral shoulders twice a week for six weeks is not medically necessary and appropriate.

Physical Therapy Bilateral for the neck twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS state active therapy is based on the philosophy that therapeutic exercise and/or 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 a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. In this case, there was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home, and in this case there were no significant barriers to transitioning the injured worker to an independent home exercise program. Therefore, the request for physical therapy for the neck twice a week for six weeks is not medically necessary and appropriate.

Physical therapy for the wrist twice a weeks for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS state active therapy is based on the philosophy that therapeutic exercise and/or 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 a specific exercise or task. Injured workers are instructed and

expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. In this case, there was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home, and in this case there were no significant barriers to transitioning the injured worker to an independent home exercise program. Therefore, the request for physical therapy for the wrist, twice a week for six weeks is not medically necessary and appropriate.