

Case Number:	CM14-0036620		
Date Assigned:	06/25/2014	Date of Injury:	07/16/2004
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Interventional Spine 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 patient is a 38 year old female with an injury date on 07/16/2004. Based on the 01/24/2014 progress report provided by [REDACTED], the patient presents with pain at the right upper extremity. The patient's diagnosis is neck and upper extremity pain syndrome. The electromyography/nerve conduction study on 09/10/2012 shows mild left carpal tunnel syndrome and mild left ulnar nerve compression at the wrist. There were no exam findings in the 01/24/2014 and 11/08/2013 reports. [REDACTED] is requesting 12 sessions of physical therapy and 12 sessions of occupational therapy. The utilization review determination being challenged is dated 03/14/2014. [REDACTED], the requesting provider, and he provided treatment reports from 08/14/2014 to 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks Upper Extremities: Upheld

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

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

Decision rationale: This patient presents with right upper extremity pain, and is getting good results with physical therapy. The physician has asked for 12 sessions of physical therapy per a 02/05/2014 report. The medical records did indicate that the patient has had 5 sessions of physical therapy from 10/4/2013 to 10/17/2013. For therapy sessions, the MTUS allows 8-10 sessions for condition likes myalgia/myositis. The physician did not discuss the patient's treatment history, what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. The request of 12 sessions exceeds what is allowed per the MTUS; therefore the request is not medically necessary.

Occupational Therapy 2 times a week for 6 weeks Upper Extremities: Upheld

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

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

Decision rationale: This patient presents with right upper extremity pain, and is getting good results with physical therapy. The physician has asked for 12 sessions of occupational therapy, per 02/05/2014 report. Medical records did not indicate the patient has had any session of occupational therapy. For therapy sessions, MTUS allows 8-10 sessions for condition likes myalgia/myositis. The physician does not provide any information regarding goals and progress for therapy. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. In this case, the physician has asked for 12 total sessions of therapy for the patient's neck and upper extremity pain. The request of 12 sessions exceeds what is allowed per the MTUS; therefore the request is not medically necessary.