

Case Number:	CM14-0040843		
Date Assigned:	06/27/2014	Date of Injury:	01/29/2002
Decision Date:	11/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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:

57 year old female claimant sustained a work injury on 1/29/02 involving the left elbow and low back. She was diagnosed with cervical radiculopathy, lumbago and underwent an ulnar nerve decompression. A progress note on 5/29/14 indicated the claimant had continued neck pain and bilateral arm numbness. Exam findings were notable for tenderness and spasms in the L4 region. Left sided straight leg raise was positive. Left elbow exam was unremarkable. Physical therapy was requested for the neck, low back and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar, cervical spine and the left elbow (quantity unspecified):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Physical Therapy Guidelines

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksIn this case, the claimant had no abnormalities in the elbow. Cervical spine exam was not performed at the time of the request. The quantity of therapy was not specified. Based on the guidelines and insufficient evidence for the need for therapy in the involved areas, the request for physical therapy as above is not medically necessary.