

Case Number:	CM14-0056847		
Date Assigned:	07/09/2014	Date of Injury:	10/12/2012
Decision Date:	08/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 34-year-old female who reported an injury on 10/12/2012 caused by an unspecified mechanism. It was noted that the injured worker had completed physical therapy for the neck, bilateral shoulders, low back, and bilateral wrists and hands, completing up to eighteen (18) sessions, which provided minimal relief. On 06/11/2014, the injured worker complained of moderate to severe and intense pain in her neck. It was noted that she had constant pain to moderate to severe intensity in both shoulders. It was noted that her bilateral wrists, hands, and low back had moderate to severe intense pain. It was reported that the injured worker stated the pain in her neck was stiff and the cervical paraspinal musculature, with frequent numbness, and tingling in the bilateral upper extremities to include the hands and fingers. Symptoms are exacerbated with turning from side-to-side, and holding the head in a fixed position for an extended period of time. It was noted that that low back pain she experienced frequent stiffness and knots over the lumbar paraspinal musculature. Her pain radiates down both her lower extremities, extending to the feet and toes, with associated numbness and tingling in the same distribution. The shoulder examination revealed there was no tenderness and normal to palpation. The impingement sign was positive on the right and negative on the left. The physical examination of the wrist and hand revealed no tenderness to palpation. The Tinel's, Phalen's, and Finkelstein's maneuver were all negative bilaterally. The diagnoses included shoulder sprain/strain and sprain of the left knee. There was no visual analog scale (VAS) measurement and no medications listed for the injured worker. The treatment plan included for decision on physical therapy #2 two (2) times a week for four (4) weeks for the bilateral wrists and the bilateral shoulders (8). The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #2, two (2) times a week for four (4) weeks for the bilateral wrists and the bilateral shoulders QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, Physical/Occupational Therapy; and Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical medicine provides short-term relief during the early phases of pain treatment, and are directed at controlling symptoms, such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. 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. Therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines also state that physical medicine treatment of chronic pain for myalgia is up to ten (10) visits over four (4) weeks may be performed. The document provided on 06/14/2014, indicates that the injured complained of bilateral wrists and shoulder pain, and there were no conservative care measures listed for the injured worker, such as home exercise regimen or pain medication management. The documentation provided stated the injured worker had completed eighteen (18) sessions of physical therapy for the neck, bilateral shoulders, low back and bilateral wrists and hands, which provided minimal relief. Given the above, the request is not medically necessary.