

Case Number:	CM14-0091001		
Date Assigned:	07/25/2014	Date of Injury:	04/18/2014
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 41-year-old with a April 18, 2014 date of injury. At the time of request for authorization for Physical Therapy, twice weekly for six weeks and Pain management evaluation, there is documentation of subjective (right wrist, thumb, and neck pain) and objective (restricted and painful range of motion, paraspinal muscle spasm, positive neurological findings, and positive orthopedic findings) findings, current diagnoses (whiplash sprain/strain, cervical spine myofascitis, tendonitis wrist, dequervains syndrome), and treatment to date (not specified). June 3, 2014 medical report identifies a plan for pain management evaluation to evaluate if patient requires medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten visits over four to eight weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of neck not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of whiplash sprain/strain, cervical spine myofascitis, tendonitis wrist, dequervains syndrome. In addition, given documentation of subjective (right wrist, thumb, and neck pain) and objective (restricted/painful range of motion, paraspinal muscle spasm, positive neurological findings, and positive orthopedic findings) findings, there is documentation of functional deficits and functional goals. However, the requested twelve sessions of physical therapy exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy twice weekly for six weeks is not medically necessary.

Pain management evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of whiplash sprain/strain, cervical spine myofascitis, tendonitis wrist, dequervains syndrome. In addition, given documentation of a plan for pain management evaluation to evaluate if patient requires medication, there is documentation that consultation is indicated to aid in therapeutic management. Therefore, based on guidelines and a review of the evidence, the request for a pain management evaluation is medically necessary.

