

Case Number:	CM13-0043506		
Date Assigned:	04/28/2015	Date of Injury:	07/09/2012
Decision Date:	05/22/2015	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	10/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female with an industrial injury dated 07/09/2012. Her diagnoses included cervical thoracic strain/arthrosis with resulting cephalgia, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tears, bilateral carpal tunnel/cubital tunnel syndrome, right wrist triangular fibrocartilage complex tear, lumbosacral strain/arthrosis and left knee patello femoral syndrome. Prior treatments included acupuncture, medication and home exercise program. She presented for follow up on 07/11/2013 with complaints of pain in her lumbar spine and right shoulder. Physical examination revealed positive Spurling's test with head in the right position. Examination of the bilateral upper extremities revealed positive Tinel sign and bilateral positive elbow flexion test. The provider documents the injured worker had received 4 sessions of acupuncture with benefit. Treatment plan consisted of continuing home exercise program, medications, physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Additional Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic neck and right shoulder pain. Treatments have included several courses of physical therapy, including instruction in a home exercise program. When seen, there was positive cervical compression and Spurling testing and positive Tinel tests and the elbow and wrists. Phalen testing was also positive bilaterally. An additional 12 physical therapy treatments were requested. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had extensive physical therapy and the number of additional visits requested is in excess of that recommendation. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The requested physical therapy is not medically necessary.