

Case Number:	CM14-0132051		
Date Assigned:	08/22/2014	Date of Injury:	07/25/2012
Decision Date:	03/04/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

This 41 year old worker was injured on was 07/25/2012. Results of the injury include diagnoses of neck pain, right shoulder right wrist and hand pain, right thumb pain with numbness, right sided ribcage pain, lumbar spine and right hip pain, sleep deprivation and gastritis. The IW is experiencing progressively worsening cervical spine and lumbar spine pain and is having difficulty sitting at her work station performing work. She also complains of low back pain, left greater than right, and has had difficulty getting out of bed. She is experiencing stress and having difficulty coping, so a psychological evaluation and treatment was requested. The IW also reports that pervious chiropractic and physical therapy treatments were beneficial. In the examination of 06/26/2014, the IW had decreased range of motion and tenderness in the cervical spine from C3 to C7. Sensory evaluation showed decreased sensation in the palm of the right hand and range of motion examination of the wrist was painful. Her posture and alignment showed increased kyphosis and increased lumbar lordosis. A treatment plan included chiropractic treatment for cervical spine once a week for four weeks, physical therapy for the cervical and lumbar spine to include home exercise program (HEP) two times a week for four weeks, psychological evaluation and treatment, and follow-up management with a pain specialist. The IW was returned to work with the work restriction that she must have an ergonomic work station. On 08/01/2014, a request for authorization was made for PT 2x3 for supervised instruction for an independent HEP (home exercise program) QTY: 8.00. On 08/08/2014, after reviewing of the medical information submitted, the physician reviewer issued a utilization Review decision of a modified certification of PT 2x3 for supervised instruction for

an independent home exercise program QTY: 6. The decision was based on review of the medical records dates of service 01/22/2014 through 06/26/2014. California medical treatment utilization schedule (CA-MTUS) Chronic Pain medical treatment guidelines were used as reference. An application for independent medical review of the decision was made 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x3 for supervised instruction for an independent HEP QTY: 8.00: Upheld

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

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

Decision rationale: PT 2x3 for supervised instruction for an independent HEP quantity 8 is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that she had prior chiropractor therapy visits without documented benefit. Additionally, the request exceeds the recommended quantity of visits as stated by Ca MTUS guidelines; therefore, the requested service is not medically necessary.