

Case Number:	CM14-0184392		
Date Assigned:	11/25/2014	Date of Injury:	09/15/2012
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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:

The 35 year old female injured worker (IW) suffered an industrial injury on 9/15/2012 from cumulative trauma. The current diagnoses were cervical and lumbar strain, bilateral shoulder myofascitis, bilateral wrist tenosynovitis, lateral epicondylitis, and bilateral plantar fasciitis along with depression with post-traumatic stress syndrome. The injured worker's treatments have included medications, chiropractic therapy and currently physical therapy. On physician's visit of 8/12/2014, she was cleared to return to work with restrictions. On the physician's visit of 9/22/2014 it was reported that there were 5 or 6 more sessions yet to be completed of physical therapy with a total of 12 completed. On exam, the lumbar spine was tender with muscle guarding and asymmetric motion along with positive right straight leg raise. Although the injured worker was released to go back to work, note stated that IW had been terminated and was not working. The UR decision on 10/17/2014 denied the request of additional physical therapy sessions as it was unclear if there was functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercises, Outpatient (Additional Physical Therapy (PT) 6 visits over 6 weeks for cervical/lumbar spine and BUE/BLE (bilateral upper and lower extremities): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Definitions "Functional improvement" and Functional Restoration Approach to C.

Decision rationale: The MTUS recommends up to 10 physical therapy sessions for treatment of this condition. The claimant has completed 12 recent physical therapy visits, and the requested 6 additional therapy visits exceeds the MTUS recommendations. The MTUS states "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit ...; and a reduction in the dependency on continued medical treatment." Clear evidence of functional improvement is not documented following the recent course of therapy, and medical necessity is not established for additional skilled therapy sessions beyond evidence-based recommendations.