

Case Number:	CM14-0189111		
Date Assigned:	11/20/2014	Date of Injury:	07/19/2010
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 43-year-old female with a date of injury of 07/19/2010. The listed diagnoses are: Neck pain, Hand pain, Shoulder pain, Asthma and Heart murmur. According to progress report 10/23/2014, the patient presents with bilateral upper extremity complaints, right more than left. The patient notes that her neck pain radiates down into the arm but denies numbness and tingling. Phalen's test produces pain in the wrist but does not cause tingling or numbness into the fingers. Examination of the shoulder revealed mild impingement. Examination of the cervical spine revealed "essentially full range of motion." The provider notes that the patient is not permanent and stationary and is "permitted to perform her usual and customary work." The treating physician recommends that the patient should "go through a course of physical therapy." Request for authorization (RFA) dated 10/29/2014 request postop therapy. The utilization review made peer contact with the treating physician on 11/06/2014. The treating physician clarified that the current request is "not for postoperative physical therapy but simply for physical therapy directed at the cervical complaints." The utilization review denied the request on 11/07/2014. Treatment reports from 04/24/2014 through 10/20/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative therapy x 12 visits: 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 and 99.

Decision rationale: This patient presents with bilateral upper extremity complaints, right more than left. The current request is for postoperative therapy x12 visits. The utilization review states that peer contact was been made and the treating physician has clarified that the request is not for postoperative therapy. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. Given the patient's continued pain, a course of therapy may be indicated. However, the provider's request is for 12 sessions, which exceeds what is recommended by MTUS; therefore, this request is not medically necessary.