

Case Number:	CM14-0191229		
Date Assigned:	11/25/2014	Date of Injury:	11/04/2011
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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:

The injured worker is a 54 year old female with a reported industrial injury on November 4, 2011, the mechanism of the injury was not provided in the available medical records. The injured workers diagnosis is cervical spine trap strain/sprain and bilateral wrist tendinitis/ DeQuervains. On October 16, 2014 the injured worker was evaluated by her primary treating physician. The complaint was that she was having difficulty lifting objects and pulling. The note is hand written and not legible. There were no notes stating what has/had been done for treatment or diagnostic testing that had been done. On October 29, 2014 the primary care physician requested physical therapy 2x6. The Utilization Review non-certified the request for physical therapy and based the decision on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation and there is lack of objective findings from 10/16/14, the request is not medically necessary.