

Case Number:	CM14-0193230		
Date Assigned:	12/01/2014	Date of Injury:	09/13/2013
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
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 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:

Injured worker (IW) sustained an industrial injury on 01/15/14. 09/04/14 office note lists diagnoses as cervical spine strain, left arm contusion, left elbow strain, and wrist/hand strain. She completed 6 physical therapy sessions ordered in September 2014, without documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to neck and left upper extremity, qty: 12: 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 Definitions, Functional improvement and Physical Medicine Page(s): 1; 98-99.

Decision rationale: MTUS emphasizes a "functional restoration" approach to treatment of chronic pain, defining functional improvement as "...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." Improved function is not documented with previous trial of physical therapy, and the requested 12 additional PT sessions

exceed the MTUS recommendation for up to 10 PT sessions for treatment of myalgia/myositis or neuralgia/neuritis/ radiculitis. Based upon the available documentation, medical necessity is not established for additional skilled therapy sessions beyond evidence-based recommendations.