

Case Number:	CM14-0198126		
Date Assigned:	12/08/2014	Date of Injury:	12/22/2000
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab 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 underlying date of injury in this case is 12/22/2000. The date of the utilization review under appeal is 10/28/2014. On 10/03/2014, the patient was seen in interventional pain management followup. The patient was seen regarding pain in the cervical spine, left shoulder, bilateral wrists, lumbar spine, and bilateral knees. The patient reported that the pain had remained unchanged since her last visit, and the patient still complained of having hypersensitive bilateral shoulders spreading down the bilateral arms and wrists and severe wrist pain, particularly in the right wrist. The patient had moderate cervical paraspinal spasm with tenderness and bilateral trapezius and rhomboid tenderness with spasm. The patient continued to have psychological distress as well and continued to have moderate to severe neck pain with radiating symptoms and with very limited range of motion. The treating physician diagnosed the patient with a cervical sprain, left shoulder derangement, right wrist sprain, bilateral wrist carpal tunnel syndrome, lumbar disc disease, lumbar radiculopathy, and lumbar sprain. The treating physician requested physical therapy three times a week for 6 weeks of the cervical spine, left shoulder, bilateral wrist, low back, and both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the cervical spine, left shoulder, bilateral wrists, low back and bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend 9-10 visits over 8 weeks for myalgia and myositis, unspecified, with transition to an independent home rehabilitation program. This patient would have been expected to have previously transitioned to an independent home rehabilitation program. Some periodic revision of a home exercise program may be indicated requiring short-term additional supervised physical therapy. However, this rationale in this guideline would not support an indication for extensive additional physical therapy of 18 visits as has been currently requested. This request exceeds the treatment guidelines. This request is not medically necessary.