

Case Number:	CM14-0217830		
Date Assigned:	01/07/2015	Date of Injury:	07/19/2010
Decision Date:	04/01/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female injured worker suffered and industrial injury on 7/19/2010. The diagnoses were cervical spinal stenosis. The diagnostic studies were electromyography and magnetic resonance imaging. The treatments were physical therapy, acupuncture, chiropractic, and medications. The treating provider reported neck, right shoulder and right wrist/hand pain rated as 7/10, pressure feelings in the neck and pain in the right shoulder girdle with neuropathic pain into the right forearm. The Utilization Review Determination on 12/21/2014 non-certified additional physical therapy x 12 sessions, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient was injured on 07/19/2010 and presents with neck pain, right shoulder pain, right wrist/hand pain, pressure feelings in the neck, and pain in the right shoulder girdle with neuropathic pain into the right forearm. The request is for ADDITIONAL PHYSICAL THERAPY X 12 VISITS. There is no RFA provided and the patient is not yet permanent and stationary. The 11/18/2014 report indicates the patient had her first PT recently, The PT reportedly noted weakness of several muscles of the right shoulder girdle (which are C5/C6 innervated muscles). The next PT appointment is in 2 weeks. Past treatments included physical therapy, acupuncture, chiropractic care, and medications. There is no indication for which body part this physical therapy is needed for. MTUS page 98 and 99 has the following: Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports indicates that the patient has had prior physical therapy sessions. There is no indication of any recent surgery the patient may have had. The total requested of 12 visits of physical therapy exceeds what is allowed by MTUS Guidelines. Therefore, the requested additional physical therapy IS NOT medically necessary.