

Case Number:	CM15-0100154		
Date Assigned:	06/02/2015	Date of Injury:	05/07/2013
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on May 7, 2013. He reported a cumulative trauma injury to his neck, right shoulder and left hand. He was diagnosed with bursitis. Treatment to date has included EMG/NCV of the bilateral upper extremities, left carpal tunnel release, work restrictions and physical therapy. A physician's evaluation on December 10, 2014 revealed the injured worker complaints of neck and lower back pain with radiation of pain to the upper and lower extremities with associated numbness, tingling and weakness. The diagnoses associated with the request include carpal tunnel syndrome, cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis and bursitis and wrist tendinitis and bursitis. The treatment plan includes twelve sessions of physical therapy to the cervical spine and the bilateral shoulders and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical Spine, 3 times weekly for 4 wks, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a history of a work injury occurring in May 2013. When seen, he was having ongoing radiating neck and low back pain. He had completed two physical therapy sessions. Authorization for an additional 12 treatments was requested. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, when requested the claimant had completed two treatments without improvement. An additional 4 sessions would be appropriate to complete the clinical trial of therapy. The number of visits requested was in excess of that recommended or what would be needed to determine whether continued therapy was appropriate. The request is not medically necessary.

Physical Therapy, Left & Right Arms (Shoulders, Wrists), 3 times weekly for 4 wks, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a history of a work injury occurring in May 2013. When seen, he was having ongoing radiating neck and low back pain. He had completed two physical therapy sessions. Authorization for an additional 12 treatments was requested. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, when requested the claimant had completed two treatments without improvement. An additional 4 sessions would be appropriate to complete the clinical trial of therapy. The number of visits requested was in excess of that recommended or what would be needed to determine whether continued therapy was appropriate. The request is not medically necessary. (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.