

Case Number:	CM15-0103228		
Date Assigned:	06/04/2015	Date of Injury:	09/30/2011
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/08/2015

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: California
 Certification(s)/Specialty: Family Practice

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 44 year old female who reported an industrial injury on 9/30/2011. Her diagnoses, and/or impressions, are noted to include bilateral wrist tenosynovitis. No current magnetic imaging studies are noted. Her treatments have included medication management and restricted work duties. The progress notes of 4/7/2015 noted a follow-up visit with complaints of worsening, frequent and moderate-severe pain in her head, neck, upper back and both wrists, associated with muscle pain that is keeping her from performing house-hold chores, and is sometimes relieved by rest, massage, stretching and medications. Full range-of-motion with no negative objective findings were noted. The physician's requests for treatments were noted to include physical therapy to focus on joint range-of-motion, soft-tissue modalities, and core stretching and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. However, the medical records in this case do not establish objective functional deficits on clinical examination to support the request for physical therapy treatments. The injured worker is far into the chronic phase of injury and should be educated in a home exercise program. The medical records do not establish that the injured worker is unable to safely and effectively perform a home exercise regimen. The request for Physical therapy 2 times a week for 5 weeks for the cervical spine is not medically necessary or appropriate.