

Case Number:	CM15-0105185		
Date Assigned:	06/10/2015	Date of Injury:	10/01/2014
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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 63 year old female, who sustained an industrial injury on 10/1/2014. Diagnoses have included sprain/strain of hand, sprain/strain of wrist, DeQuervain's Tenosynovitis, sprain/strain of lumbar spine, sprain/strain of thoracic spine and carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 5/6/2015, the injured worker complained of pain and tightness in the upper and lower back. Objective findings revealed pain, tenderness and swelling. There was pain and spasms of the left shoulder with decreased range of motion. The injured worker reported that medications helped control pain and spasms. Acupuncture made the injured worker feel worse. Authorization was requested for physical therapy two times a week for four weeks for the lumbar spine, bilateral wrists, bilateral hands, back and left knee.

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 4 weeks for the lumbar spine, left knee, back, and bilateral wrists and hands: Upheld

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

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 sustained a work-related injury in October 2014 and continues to be treated for bilateral wrist and low back pain. Treatments have included 18 sessions of physical therapy. When seen, there was decreased range of motion and muscle spasms. 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, the number of visits requested is in excess of that recommended or what would be needed to establish or revise the claimant's home exercise program. Additionally, the claimant has already had therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.