

Case Number:	CM15-0105408		
Date Assigned:	06/09/2015	Date of Injury:	06/17/2013
Decision Date:	07/15/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
 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 injured worker is a 54 year old female, who sustained an industrial injury on 6/17/2013. She reported falling with injuries to her back, head, neck, left shoulder, hands, ankles, legs, knees and upper and lower extremities. Diagnoses have included headache; cervical, thoracic and lumbar musculoligamentous injury; cervical, thoracic and lumbar sprain/strain; left shoulder myoligamentous injury; left shoulder sprain/strain; right carpal tunnel syndrome; right wrist sprain/strain and right and left knee sprain/strain. Treatment to date has included acupuncture and topical creams. According to the progress report dated 5/2/2015, the injured worker complained of headaches. She complained of sharp neck pain and stiffness radiating to the bilateral shoulders with numbness and tingling. She complained of upper/mid back pain. She complained of sharp low back pain and stiffness radiating to the bilateral legs with numbness and tingling. She complained of sharp left shoulder pain and stiffness. She complained of sharp right wrist pain radiating to the fingers with numbness and tingling. She complained of achy, sharp left and right hand pain radiating to the fingers with numbness and tingling. She also complained of achy, sharp right and left knee pain. Exam of the cervical, thoracic and lumbar spines revealed tenderness to palpation and spasms. Authorization was requested for physiotherapy twice a week for six weeks in treatment of the cervical spine, thoracic spine, lumbar spine, left shoulder, right wrist, left knee, right knee, right hand and left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy two times a week for six weeks, in treatment of the cervical spine, thoracic spine, lumbar spine, left shoulder, right wrist, left knee, right knee, right hand and left hand, QTY:12: Upheld

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

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

Decision rationale: The patient presents with intermittent moderate back pain, constant left shoulder pain, intermittent moderate right wrist, right hand and left hand pain as well as intermittent moderate bilateral knee pain. The current request is for physiotherapy 2 x 6, for the cervical, thoracic, and lumbar spine, left shoulder, right wrist, left knee, and bilateral hands. The UR modified the request to 1 time a week for 6 weeks. The clinical reports reviewed did not show any history of physical therapy. The treating physician recommends on 5/2/15 (47B) physiotherapy 2 x per week for 6 weeks. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.