

Case Number:	CM15-0143965		
Date Assigned:	08/04/2015	Date of Injury:	05/20/2014
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

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

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 was a 48 year old female, who sustained an industrial injury, May 20, 2014. The injury was sustained while the injured worker was working as a cabin cleaner. The injured worker sustain injuries contributing to chronic back pain, left lateral epicondylitis right index finger osteoarthritis, right knee arthritis and possible a sleep disorder. The injured worker previously received the following treatments EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities which showed moderate left carpal tunnel syndrome and mild right carpal tunnel syndrome, lumbar spine MRI, cervical spine MRI, cervical spine MRI, ultra sound of the bilateral elbows, Cyclobenzaprine, right knee MRI and right knee x-rays. The injured worker was diagnosed with arthritis, depression, cervical spine myofascial sprain, lumbar spine myofascial sprain, bilateral knee liagmentous sprain, amputation of the right ring finger and middle finger. According to progress note of April 16, 2015 the injured worker's chief complaint was neck and low back pain with radiating pain to the right hand and left leg. The physical exam noted tenderness of the paraspinals and trapezius muscle. The compression testing was positive in the bilateral upper extremities. There was tenderness of the lumbar spine paraspinals. The right shoulder there was tenderness of the lateral epicondyle. The treatment plan included physical therapy for the cervical spine, lumbar spine, right hand and the bilateral knees.

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 6 weeks for the Cervical, Lumbar, Right Hand, and Bilateral Knees: 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: Physical Therapy 2 times a week for 6 weeks for the cervical, lumbar, right hand, and bilateral knees is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The request exceeds the recommended number of MTUS visits for this patient's condition. The documentation indicates that the patient has already had prior PT. The documentation does not indicate evidence of objective functional improvement from prior PT and it is not clear why she is unable to perform an independent home exercise program or why she requires 12 more supervised therapy visits. This request is not medically necessary.