

Case Number:	CM15-0189888		
Date Assigned:	10/02/2015	Date of Injury:	01/19/2014
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 30 year old female who sustained an industrial injury on 01-19-2014. According to a progress report dated 08-25-2015, the injured worker had cervical spine pain that radiated to the bilateral upper extremities down to the wrists. Acupuncture was scheduled for 08-27-2015. She also reported bilateral shoulder pain, bilateral hand pain and lumbar spine pain. The provider noted that acupuncture, TENS unit and massage chair helped temporarily. She was a "good candidate" for trigger point injection but was refusing. Diagnoses included cervical spine sprain strain left upper extremity radicular symptoms radiculitis treatment, bilateral shoulder sprain strain, left elbow pain improved, bilateral wrist carpal tunnel syndrome, lumbar spine sprain strain with right sciatica, lumbar spine disc protrusion L4-5, left hip sprain strain, degenerative osteophyte and "antalgic". Conservative therapy requested included physical therapy 2 x a week for 3 weeks and acupuncture 1 times a week for 6 weeks for the cervical spine, lumbar spine, bilateral wrists, bilateral shoulders and left hip. Medications prescribed included FMCC cream and Flexeril. The injured worker was temporarily totally disabled thru 6 weeks. An authorization request dated 08-30-2015 was submitted for review. The requested services included physical therapy 2 x 3 for the cervical and lumbar spine, bilateral wrist, bilateral shoulder and the left hip. On 09-11-2015, Utilization Review non-certified the request for physical therapy 6 visits for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment, Integrated Treatment/Disability Duration Guidelines, Wrist & Hand (acute & chronic) (not including "Carpal Tunnel Syndrome"), Online Version (updated 06/29/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) page 98 of 127. This claimant was injured in 2014. Diagnoses included cervical spine sprain strain left upper extremity radicular symptoms radiculitis treatment, bilateral shoulder sprain strain, left elbow pain improved, bilateral wrist carpal tunnel syndrome, lumbar spine sprain strain with right sciatica, lumbar spine disc protrusion L4-5, left hip sprain strain, degenerative osteophyte and "antalgic". Outcomes of past therapy efforts is not noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary and appropriately non-certified.