

Case Number:	CM15-0199220		
Date Assigned:	10/14/2015	Date of Injury:	10/14/2014
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 38 year old female, who sustained an industrial injury on 10-14-14. The injured worker is being treated for tenosynovitis of hand, wrist or fingers, synovitis and tenosynovitis, myofascial pain and overuse syndrome and unspecified sprains-strains. Treatment to date has included oral medications including Voltaren 75mg, physical therapy, home exercise program, Ibuprofen 200mg and activity modifications. On 4-29-15, the injured worker complains of pain in left trapezius described as aching and accompanied by numbness and tingling in left upper extremity; she feels it is not improving and on 6-29-15 she complains of recurrent neck pain with radiation between shoulder blades, recurrent pain in mid and lower back with no radiation, recurrent pain in left shoulder with radiation to right hand and discomfort in left wrist and hand with pain radiating to fingers with numbness and tingling of hand and fingers. She is currently working part time. Physical exam performed on 4-29-15 revealed normal range of motion of neck with some pulling, left shoulder exam revealed mild myospasm through left trapezius; otherwise normal exam and exam performed on 6-29-15 revealed slight tenderness of left trapezius and tenderness about the forearms. The treatment plan dated 4-29-15 included request for (EMG) Electromyogram-(NCV) Nerve Conduction Velocity, ibuprofen, Biofreeze and continuation of home exercise program. On 8-20-15 request for authorization was submitted for 6 additional physical therapy visits. On 9-14-15 request for 6 additional physical therapy visits was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy times six sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are myofascial pain; and overuse syndrome upper extremities. Date of injury is October 14, 2014. Request for authorization is September 9, 2015. The bulk of the medical records include dates of service ranging 2005 to 2012. The most recent progress note by the requesting physician is dated June 29, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization September 9, 2015. Subjectively, into worker has neck pain that radiates to the bilateral shoulder blades. Additional complaints are mid and low back pain with no radiation, left shoulder, left elbow, left wrist and hand pain. The injured worker received eight physical therapy sessions. The documentation did not demonstrate objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. There is no contemporaneous clinical documentation and, as a result, no clinical discussion, indication or rationale for additional physical therapy (from the requesting provider). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation from the requesting provider and no documentation demonstrating objective functional improvement, additional physical therapy times six sessions is not medically necessary.