

Case Number:	CM15-0023359		
Date Assigned:	02/13/2015	Date of Injury:	07/19/2011
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/07/2015

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 46 year old female, who sustained a work related injury on 7/19/12. The diagnoses have included C4-5 kyphosis with disc protrusion, right shoulder impingement syndrome, right and left tennis elbows, radial tunnel syndrome, left carpal tunnel syndrome, right knee contusion /strain, right foot dorsal tenosynovitis, and depression. Treatments to date have included carpal tunnel release, acupuncture treatments, physical therapy and oral medications. In the PR-2 dated 12/4/14, the injured worker complains of persistent neck pain and pain that radiates down arms. She states her pain is located in her neck, right shoulder, elbows, hands and knees. She rates the pain a 6-7/10. She has tenderness to neck muscles. She has some decreased range of motion in her neck. On 1/8/15 Utilization Review non-certified a request for continued physical therapy 2 x 6 for right wrist and elbow. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy, 2x6 for the right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain, Physical medicine treatment, Preface, Physical Therapy Guidelines

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for radiating neck pain. Prior treatments had included physical therapy and acupuncture. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore additional physical therapy is not medically necessary.