

Case Number:	CM15-0037267		
Date Assigned:	03/05/2015	Date of Injury:	04/24/2012
Decision Date:	04/21/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58-year-old female, who sustained an industrial injury on April 24, 2012. She has reported the onset of overuse-related upper extremity injuries over the course of many years. The diagnoses have included carpal tunnel syndrome of bilateral wrists, overuse syndrome of bilateral upper extremities, lumbar sprain/strain, cervical sprain/strain and depression/anxiety. Treatment to date has included physical therapy, medications and diagnostic studies. On December 15, 2014, the injured worker complained of disturbance in her balance and dizziness. She complained of neck pain and pain into the right upper extremity. She stated that her symptoms were getting worse. On January 26, 2015 Utilization Review non-certified physical therapy 3x weekly for six to eight weeks, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of physical therapy 3x weekly for six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three times weekly for six to eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing dizziness with balance problems, neck pain, and right arm pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for physical therapy done as three times weekly for six to eight weeks is not medically necessary.