

Case Number:	CM15-0037611		
Date Assigned:	03/06/2015	Date of Injury:	05/17/2002
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who sustained an industrial injury on May 17, 2002. She has reported pain as dull, sharp, burning, pins, and needles and numbness and has been diagnosed with bilateral carpal tunnel syndrome, cervical facet arthropathy, cervical sprain and strain, bilateral impingement syndrome, and fibromyalgia. Treatment has included medications, physical therapy, injections, and chiropractic care. Currently the injured worker has tightness and muscle spasm noted bilaterally over the trapezius musculature. The treatment plan included medications, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits for the cervical spine 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Pain Outcomes and Endpoints Page(s): 98-99, 8-9.

Decision rationale: According to the 02/06/2015 report, this patient presents with bilateral carpal tunnel syndrome. The current request is for 6 Physical therapy visits for the cervical spine

2 times a week for 3 weeks. The request for authorization is not is not provided for review and the patient's work status is P & S. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The medical reports provided for review show no previous therapy and no discussion regarding the patient's progress. There is no documentation that the patient is in a post-operative time frame regarding physical therapy. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.