

Case Number:	CM15-0039195		
Date Assigned:	03/09/2015	Date of Injury:	09/01/2011
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: Family Practice

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 36-year-old female, who sustained an industrial injury on 9/1/2011. The details of the initial injury and prior treatments were not submitted for this review. The diagnoses have included overuse syndrome, headaches, cervical strain, lumbar strain, bilateral shoulder and knee pain, anxiety, depressions, chronic pain and status post left carpal tunnel release. Currently, the IW complains of post operative left carpal tunnel release pain and constant low back pain associated with pain and weakness to lower extremities. There was intermittent pain and stiffness noted in the neck, bilateral shoulder and bilateral knee. The physical examination from 1/28/15 documented decreased Range of Motion (ROM) in cervical spine, lumbar spine, left and right shoulders and bilateral knees. The plan of care included postoperative physical therapy and additional consultations with neurologist for migraines, pain management, spine specialist for possible lumbar steroid injection, and hand specialist for post operative follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

Decision rationale: Based on guidelines physical medicine can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy or if there is a home exercise program and thus not medically necessary.