

Case Number:	CM15-0039894		
Date Assigned:	03/10/2015	Date of Injury:	01/22/2008
Decision Date:	05/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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: Florida

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 53 year old female who sustained an industrial injury on 1/22/2008. Diagnoses include chronic neck pain flare up, right carpal tunnel syndrome, right forearm pain right lateral epicondylitis and myofascial pain. Treatment to date has included physical therapy and injections. Per the Primary Treating Physician's Progress Report dated 1/16/2015, the injured worker reported primarily left neck pain rated as 10/10. Physical examination revealed tender cervical paraspinals with left upper to mid trapezius trigger points. There was limited range of motion to right lateral rotation. She received a trigger point injection. The plan of care also included acupuncture and additional physical therapy and authorization was requested for acupuncture 2 x 3 for bilateral neck, right wrist, forearm and elbow and physical therapy for the bilateral neck, right wrist, forearm and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral neck, right wrist, forearm, and elbow, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 6 sessions. The guidelines recommend fading of treatment frequency with emphasis on continuation of home exercises. Why an additional 6 sessions of physical therapy is thought necessary by the requesting provider is not clear from the documentation. No goals are mentioned. Likewise, this request is not medically necessary.