

Case Number:	CM15-0040041		
Date Assigned:	03/10/2015	Date of Injury:	01/23/2014
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
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: 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 61 year old female, who sustained an industrial injury on 01/23/2014. She reported developing headaches and pain in her neck, shoulders, wrists/hands, upper and lower back, and right knee while working as a card dealer. The injured worker is now diagnosed as having cervical spine disc bulge, lumbar spine disc bulge, right shoulder surgery, left shoulder internal derangement, left elbow strain, right wrist/hand strain, and left wrist/hand strain. Treatment to date has included physical therapy and medications. In a progress note dated 09/15/2014, the injured worker presented with complaints of constant headaches and occasional tightness and numbness in the left side of her face as well as vision and hearing problems in the left. The treating physician reported the injured worker has had physical therapy and conservative treatment and does not wish to proceed with invasive procedures such as epidural injections or operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to cervical, lumbar, left shoulder and right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient has a date of injury of January 23, 2014 and presents with complaints of neck, low back, left shoulder, right knee, and right wrist/hand pain. The medical file provided for review does not include a request for authorization form. The current request is for this Physical therapy two times a week for six weeks to the cervical, lumbar, left shoulder and right wrist/hand. For physical medicine, MTUS guidelines pages 99-99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over eight weeks. The medical file provided for review does not include any physical therapy reports. According to QME report dated September 15, 2014, "the patient has received three times a week physical therapy since March. We are now in September. As such, I am relatively clear that the patient has exhausted the 24 sessions that are allowed under the California labor code." In his case the treating physician does not provide a rationale for the requested additional physical therapy sessions. There is no indication of new injury, new diagnosis, new examination findings or recent surgery to substantiate the current request. There is no discussion as to why the patient would not be able to transition into a self-directed home exercise program. Furthermore the patient has exceeded number of treatments allowed by MTUS. This request IS NOT medically necessary.