

Case Number:	CM15-0042487		
Date Assigned:	03/11/2015	Date of Injury:	05/10/2011
Decision Date:	04/16/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 05/10/2011. She reported a back injury. The injured worker is currently diagnosed as having cervical spine musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease, right shoulder sprain/strain, right shoulder impingement syndrome, right elbow lateral epicondylitis, right elbow medial epicondylitis, rule out right elbow cubital tunnel syndrome, right wrist sprain/strain, and chronic right wrist overuse syndrome. Treatment to date has included physical therapy, MRI of the lumbosacral spine, and medications. In a progress note dated 01/28/2015, the injured worker presented with complaints of neck, right shoulder/arm, and right elbow/forearm pain. The treating physician reported prescribing land and aquatic physical therapy for evaluation and treatment of the cervical spine and right upper extremity 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land physical therapy for evaluation and treatment 12 sessions (2x6), cervical spine and right upper extremity: Upheld

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

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

Decision rationale: MTUS Guidelines recommend up to 8-10 sessions of supervised therapy as adequate for the type of chronic musculoskeletal conditions that this patient is experiencing. There is documentation of prior physical therapy sessions (the extent and timing is not well documented) in addition, this request exceeds what is guideline recommended. There are no unusual circumstances to justify an exception to guidelines. The request for an additional 12 sessions of land based physical therapy for treatment of the cervical spine and right upper extremity is not supported by Guidelines and is not medically necessary.

Aquatic Therapy for Evaluation and Treatment; twelve (12) sessions (2x6), for the cervical spine and right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: MTUS Guidelines do not support the medical necessity or aquatic based therapy unless there is difficulty with weight bearing due to a defined condition such as neurological deficits or extreme obesity. This individual does not meet these Guideline criteria and there is no unusual circumstances to justify an exception to the Guidelines. The Aquatic Therapy 12 sessions (2X6) for the cervical spine and right upper extremity is not supported by Guidelines and is not medically necessary.