

Case Number:	CM15-0044345		
Date Assigned:	03/16/2015	Date of Injury:	12/27/2012
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old female, who sustained an industrial injury on 12/27/12. She reported pain in the neck and wrists related to cumulative trauma. The injured worker was diagnosed as having cervical degenerative disc disease, complex regional pain syndrome and carpal tunnel syndrome. Treatment to date has included cervical MRI, right wrist x-ray, EMG study, chiropractic treatments and pain medications. As of the PR2 dated 1/27/15, the injured worker reports 6-7/10 pain in the neck that radiates to the upper extremities, especially the right wrist. The treating physician noted improved grip strength following a right diagnostic stellate ganglion block on 8/7/14. He requested a follow-up appointment and physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 4 weeks for the cervical spine and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic pain including pain due to CRPS. There was benefit after a stellate ganglion block in August 2014. Treatments have included recent physical therapy. When seen on the date of service, there was ongoing pain at 6-7/10. Therapy is being requested to include massage. The claimant has already had physical therapy and the claimant appears to be becoming more dependent in terms of medical care usage. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, additional physical therapy is not medically necessary.