

Case Number:	CM15-0046449		
Date Assigned:	03/18/2015	Date of Injury:	08/10/2012
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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: Georgia, California, Texas
 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 46 year old female who sustained an industrial injury on 8/10/12. The injured worker reported symptoms in the back, bilateral wrists and left knee. The injured worker was diagnosed as having chronic cervical sprain, chronic lumbar sprain, bilateral patellofemoral syndrome and bilateral shoulder sprain/strain rule out internal derangement. Treatments to date have included non-steroidal anti-inflammatory drugs, rest and activity modification. Currently, the injured worker complains of pain in the back, bilateral wrists and left knee. The plan of care was for physical therapy and a follow up appointment at a later date. Request for 8 sessions of physical therapy was denied following peer review, stating that the injured worker had completed 8 recent physical therapy sessions for the wrists and that sufficient therapy had been completed to establish an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks for the bilateral upper extremities and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): p. 98-99 of 127.

Decision rationale: MTUS recommends up to 10 PT visits for neuritis or for myalgia/myositis. Based upon the amount of recent therapy completed, it is expected that a home exercise program is in place. No recent flare of symptoms is documented which would support the medical necessity for additional skilled therapy exceeding the guideline at this point in care.