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| Case Number: | CM15-0059686 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 12/02/2014 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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 54-year-old female, with a reported date of injury of 12/02/2014. The diagnoses include cervical sprain, derangement of the shoulder joint, wrist sprain/strain, and lumbar radiculopathy. Treatments to date have included physical therapy, electrodiagnostic studies of the bilateral upper extremities, an MRI of the cervical spine, right shoulder, lumbar spine, and oral medications. The progress report dated 03/05/2015 indicates that there had been improvement since the last examination. The injured worker saw improvement in her function and pain. She complained of neck, low back, right shoulder, and bilateral knee pain. The injured worker continued to have numbness and tingling in her hands and bilateral lower extremities. An examination of the cervical spine showed spasms in the paraspinal muscles, tenderness to palpation of the paraspinal muscles, reduced sensation in the right medial nerve dermatomal distribution, and restricted range of motion. The treating physician requested physical therapy for the neck, lumbar spine, thoracic spine, right shoulder, right wrist, and right hand. It was noted that this was requested since the injured worker saw improvement with the last course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the neck, lumbar, thoracic, right shoulder, right wrist, right hand: Upheld

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

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 status post work-related injury occurring in December 2014 and has ongoing neck, low back, shoulder, and bilateral knee pain with numbness and tingling of the hands and lower extremities. Treatments have already included physical therapy with benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. 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 which appears to have already occurred in this case. Therefore, the request is not medically necessary.