

Case Number:	CM15-0061251		
Date Assigned:	04/07/2015	Date of Injury:	12/17/2012
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 12/17/12. She reported initial complaints of neck and back. The injured worker was diagnosed as having myalgia and myositis unspecified; neuralgia, neuritis and radiculitis unspecified; reflex sympathetic dystrophy. Treatment to date has included x-rays cervical and lumbar spine (6/28/14); physical therapy; medications. Currently, the PR-2 notes dated 2/26/15 indicate the injured worker complains of neck and back described as pain, weakness, stiffness, numbness and tingling in her neck and back that radiates to the arms and legs. She is taking pain medications as prescribed. Prior PR-2 notes demonstrate the injured worker has had ongoing physical therapy since July 2014. The provider is requesting an evaluation and to treat with Home Exercise Program for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and Treat with HEP for 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions to teach a HEP. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed 18 sessions of physical therapy already. The above request would also exceed the current amount of sessions that is recommended. With 18 sessions, the patient would be expected to know how to do a HEP. According to the clinical documentation provided and current MTUS guidelines, additional physical therapy to teach a HEP is NOT medically necessary to the patient at this time.