

Case Number:	CM15-0082859		
Date Assigned:	05/05/2015	Date of Injury:	05/31/2013
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/30/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 5/31/2013. She reported cumulative trauma to the upper extremities, neck, and back. Diagnoses include status post right ulnar nerve release and medial epicondylectomy, right shoulder tendinitis, cervical strain with degenerative disc disease and lumbar strain with degenerative disc disease. Treatments to date include medication therapy, physiotherapy, and epidural steroid injection. Currently, she complained of pain rated 7/10 VAS in the lumbar spine with muscle spasm, numbness and tingling in the lower extremities. There was 80% relief in pain from a prior epidural steroid injection. On 3/11/15, the physical examination documented tenderness to palpation along L4 and L5 spinous processes with a positive right side straight leg raise test. The plan of care included cognitive behavioral therapy with psychotherapy, physical therapy and acupuncture therapy two to three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, pain, suffering, and the restoration of function chapter page 114.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.