

Case Number:	CM15-0085757		
Date Assigned:	05/07/2015	Date of Injury:	01/09/2015
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina, Georgia

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 44 year old female who sustained a work related injury January 9, 2015. While working for long periods of time, she developed pain and discomfort to her neck, back, knees, arms, head, eyes and stomach. According to a primary treating physician's initial evaluation, dated February 16, 2015, the injured worker presented with a sensation of the right arm tingling and cramps from both knees to the feet. There are also complaints of intermittent to moderate pain; head, cervical thoracic and lumbar spine, right and left elbow and right and left knee. Diagnoses included; blurred vision; dizziness; headache; photosensitivity; cervical sprain/strain; thoracic myospasm; lumbar sprain/strain; right and left lateral epicondylitis. At issue, is the request for physiotherapy 1 x 6 weeks cervical, thoracic, lumbar spine and lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy 1 x 6 weeks, Cervical, Thoracic, Lumbar Spine, Lower Leg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: 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. In this case, the claimant has documented symptoms for which physical therapy is indicated. 6 sessions of physical therapy are within guidelines and are medically necessary.