

Case Number:	CM14-0127628		
Date Assigned:	09/29/2014	Date of Injury:	03/07/2010
Decision Date:	10/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female with an injury date of 03/07/2010. The patient has neck/head pain and describes her pain as being achy and associated with spasms. In regards to the cervical back, she exhibits tenderness. The 05/03/2013 report also states that the patient has right thumb pain. "The patient states still triggering right thumb and pain; awaiting surgery." Surgery is scheduled for 05/13/2013. In regards to the right wrist, she has tenderness. The patient also has decreased range of motion and tenderness in her right hand. She is diagnosed with right trapezius strain. The utilization review determination being challenged is dated 07/31/2014. There is no rationale provided as to why this request was denied by the UR reviewer. There were 2 treatments reports provided from 05/03/2013 and 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment for six sessions (2 x 3): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines states that for myalgia, myositis Page(s): 98 and 99.

Decision rationale: According to the 07/22/2014 progress report, the patient complains of having neck/head pain. The request is for physical therapy evaluation and treatment for 6 sessions (2 x 3). MTUS Guidelines pages 98 and 99 states that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. There is no discussion provided as to why the treater is requesting for 6 therapy sessions. Review of the reports does not indicate whether the patient previously had any physical therapy. In this case, the treater is requesting for a total of 6 sessions of physical therapy which is within MTUS Guidelines. The request is medically necessary.