

Case Number:	CM14-0145802		
Date Assigned:	09/12/2014	Date of Injury:	10/29/2011
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported an injury on 10/29/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical, thoracic, lumbar spine strain, right shoulder surgery, left shoulder, right elbow, right wrist and hand, right knee, and left knee strain. Past treatments included medication, aquatic therapy, and physical therapy. Diagnostic testing included an MRI. Within the clinical note dated 08/21/2014 it was reported the injured worker complained of neck pain and right hand pain. On the physical examination, the provider noted the lumbar spine had pain and tenderness with spasms. It was noted to be forward flexion at 90 degrees. The provider noted the right hand had a positive Finkelstein's test with tenderness of the radial aspect of the wrist. The request submitted is for physiotherapy 2 times a week for 6 weeks. However, a rationale is not provided for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x/6 weeks: Upheld

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

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

Decision rationale: The request for Physiotherapy 2x/6 weeks is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The number of sessions the injured worker has undergone was not submitted for clinical review. The clinical documentation submitted did not include an adequate and complete physical examination demonstrating the injured worker to have decreased functional ability or decreased strength or flexibility. Therefore, the request is not medically necessary.