

<b>Case Number:</b>	CM14-0161574		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury due to a pulling motion while reaching overhead on 12/21/2011. On 09/25/2014, her diagnoses included cervical HNP and left thumb carpometacarpal osteoarthritis. Her complaints included neck pain with right upper extremity pain and numbness and GI pain due to her medications. The progress note was handwritten and difficult to read. She had positive trapezius and rhomboid spasms. The treatment plan included PT 2x6 for the neck and consult with GI specialist for GI issues. A Request for Authorization, dated 10/03/2014, was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT)Physical Medicine Guidelines.

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

**Decision rationale:** The request for 12 Physical therapy visits is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The recommended

schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The requested 12 visits exceed the recommendations in the guidelines. Additionally, the body part or parts to have been treated were not specified in the request. Therefore, this request for 12 Physical therapy visits is not medically necessary.

**1 Consult with gastrointestinal doctor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89..

**Decision rationale:** The request for 1 Consult with gastrointestinal doctor is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment, and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The submitted documentation did not identify the medications this injured worker was taking which caused her gastric distress. Nor was there evidence of concurrent use of proton pump inhibitors which might have alleviated the distress. The clinical information submitted failed to meet the evidence based guidelines for referral to gastroenterologist. Therefore, this request for 1 Consult with gastrointestinal doctor is not medically necessary.