

Case Number:	CM13-0030409		
Date Assigned:	02/05/2014	Date of Injury:	06/05/2008
Decision Date:	08/12/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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: California, North Carolina
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(n) 48 year old female, who sustained an industrial injury on 6/5/08. She reported pain in her hands, hips, thighs, knees and lower back related to repetitive motions. The injured worker was diagnosed as having right greater trochanteric bursitis, bilateral carpal tunnel syndrome, bilateral shoulder impingement and myofascial pain in the lumbar paraspinal muscles. Treatment to date has included MRIs, an EMG study and oral medications. On 5/24/10, the treating physician noted decreased cervical and thoracic range of motion and tenderness throughout the lower cervical and upper thoracic spine. As of the PR2 dated 6/28/2010, the injured worker reports pain all over. The treating physician noted that the physical examination remains the same as the last visit. The treating physician requested physical therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY (2X6): 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: CA MTUS Guidelines state that 8-10 sessions of physical therapy (PT) may be appropriate in patients where therapeutic exercise and/or activity are beneficial for restoring flexibility, endurance, strength, function, range of motion and alleviation of pain. This patient complains of "pain all over." Physical examination shows decreased range of motion of the cervical and thoracic spine and tenderness, unchanged from the previous exam. There is no documentation submitted of significant pain relief or functional improvement with previous PT. In addition, the request for 12 sessions exceeds the MTUS Guidelines of 8-10 sessions. Therefore, the request is deemed not medically necessary.