

Case Number:	CM14-0215349		
Date Assigned:	01/02/2015	Date of Injury:	02/21/2014
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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's original date of injury was February 21, 2014. The industrial diagnoses include left scaphoid fracture, left wrist Dequervain's syndrome, chronic headaches, post concussive syndrome, lumbar strain, lumbar radiculopathy, and left elbow epicondylitis. The disputed request is for additional physical therapy for eight sessions. A utilization review determination on December 3, 2014 had noncertified this request. The reviewer had excited guideline specifying that up to 10 visits of physical therapy is appropriate for unspecified myalgia. The reviewer noted that there was a "lack of documentation regarding objective functional improvement from the previous physical therapy sessions."

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Sessions of Physical Therapy: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits, functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. The previous physical therapy notes indicate that the patient was seen at several different physical therapy centers. More recently, from September through November 2014, the patient has had at least eight sessions of physical therapy applied to the lumbar spine, upper back, and shoulder. The patient has demonstrated some improvement in "postural awareness, cervical range of motion and pain reduction, strength and both upper extremity and lower extremity." This is according to a progress note on November 21, 2014. A progress note from October 23, 2014 indicates that there has been review of a home exercise program. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore additional physical therapy is not medically necessary.