

Case Number:	CM14-0218401		
Date Assigned:	01/08/2015	Date of Injury:	08/01/2013
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: Maryland

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

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 63 year old female who sustained an industrial injury on 08/01/2013. The injured worker has diagnoses of cervical radiculitis and is status post right C6-7 and C7-T1 hemilaminectomy and foraminotomy of 03/10/2014. Treatment to date has included medications, and the injured worker has completed 17 post-operative physical therapy from 03/31/2014 to 05/14/2014, and additional 12 physical therapy visits from 10/06/2014 to 11/12/2014, and has received 16 occupational therapy visits from 08/25/2014 to 10/28/2014. The treating provider is requesting 12 additional physical therapy treatments, and additional 12 occupational therapy treatments. The injured worker complains of new onset of neck and right upper extremity pain. She has intermittent mild sharp pain in the left upper extremity from the elbow to palm/5th finger lasting seconds. No aggravating or alleviating factors. On 12/03/2014 modified the request for additional 12 physical therapy visits to 6 additional physical therapy visits citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The Utilization Review non-certified the request for additional 12 occupation therapy visits citing California Medical Treatment Utilization Schedule (MTUS) - Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Additional Physical Therapy times 12 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient has had prior extensive physical therapy and has made progress, however the documentation does not indicate an extenuating circumstance to require 12 more supervised therapy sessions. The patient should be versed in a home exercise program. The request for additional physical therapy times 12 visits is not medically necessary.

Additional Occupational Therapy times 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy (pt)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Additional Occupational Therapy times 12 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient has had prior extensive occupational therapy. The documentation does not indicate an extenuating circumstance to require 12 more supervised therapy sessions. The patient should be versed in a home exercise program. The request for additional occupational therapy times 12 visits is not medically necessary.