

Case Number:	CM14-0218934		
Date Assigned:	01/26/2015	Date of Injury:	10/13/2011
Decision Date:	03/12/2015	UR Denial Date:	12/01/2014
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: New York
 Certification(s)/Specialty: Internal 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:

This 36 year old male sustained a work related injury on 10/13/2011. According to a progress report dated 11/19/2014, the injured worker complained of constant pain in the cervical spine. Pain radiated into the upper extremities. The injured worker reported associated headaches that were migrainous in nature as well as tension between the shoulder blades. The injured worker's pain was worsening. He also reported constant pain in the low back with radiation into the lower extremities. There was pain in the bilateral elbows/wrist/hands left greater than right. Diagnoses included cervicgia, lumbago, carpal tunnel syndrome and cubital tunnel syndrome. Treatment plan included a course of physical therapy to the cervical spine, lumbar spine, elbow, wrist/hand at a rate of three times a week for four weeks. On 12/01/2014, Utilization Review modified 12 physical therapy sessions for the cervical spine, lumbar spine, bilateral wrists and elbow. According to the Utilization Review physician, guidelines note that initiation of a physical therapy program should include a six visit clinical trial to assess for effectiveness of treatment prior to continuation or modification of therapy. Guidelines cited for this review included CA MTUS Chronic Pain Treatment Medical Guidelines Physical Medicine. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy session for the C/S, L/S, bilateral Wrist and Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 (pdf format).

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic musculoskeletal pain. Recommendations state that for most patients with more severe acute and subacute pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has requested more than the recommended amount of therapy sessions.. There is no specific indication for 8 more sessions. The recommendation would be for a total of 12 visits or 2 additional therapy sessions. Medical necessity for the requested 8 physical therapy sessions has not been established. The requested service is not medically necessary.