

Case Number:	CM15-0008121		
Date Assigned:	01/26/2015	Date of Injury:	10/19/2004
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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

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 59-year-old female who reported an injury on 10/19/2004. The mechanism of injury was not stated. The current diagnoses include bilateral upper and lower extremity complex regional pain syndrome, history of cervicogenic headaches, history of depression and sleep disorder, benign teratoma, and irritable bowel syndrome. The latest physician progress report submitted for this review was documented on 11/05/2013. The injured worker presented for a followup evaluation with complaints of 5/10 upper and lower extremity pain. Upon examination, there was full strength in the bilateral upper and lower extremities, positive allodynia and hyperalgesia in the arms and legs with positive nail ridging, negative swelling, and a PHQ-9 score of 4/27, indicating mild depression. Recommendations at that time included continuation of the current medication regimen. The injured worker was instructed to limit lifting and pushing greater than 5 pounds and also limit repetitive use of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines state 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. There was no specific body part listed in the current request. Therefore, the request is not medically appropriate at this time.