

Case Number:	CM15-0009809		
Date Assigned:	01/27/2015	Date of Injury:	10/22/2014
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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
 Certification(s)/Specialty: Emergency 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 36 year old male who sustained an industrial injury on 10/22/14. The injured worker reported symptoms in the back and left wrist. The diagnoses included cervico-thoracic sprain/strain syndrome, rule out cervical radiculopathy, lumbosacral sprain/strain syndrome, rule lumbar radiculopathy, post-traumatic De Quervain's tenosynovitis, left wrist and left carpal tunnel syndrome. Treatments to date have included oral pain medications, physical therapy and activity restrictions. PR2 dated 12/1/14 noted the injured worker presents with "frequent neck pain, radiates into the shoulders, upper back, tingling in the hands and fingers, and experiencing frequent headaches." The treating physician is requesting 6 sessions of Physical Therapy 2 times a week for 3 weeks to cervical, thoracic, lumbosacral spine, and left wrist. On 12/18/14, Utilization Review non-certified a request for 6 sessions of Physical Therapy 2 times a week for 3 weeks to cervical, thoracic, lumbosacral spine, and left wrist. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy 2xwk x3week to cervical, thoracic, lumbosacral spine, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back; Physical Therapy; Low Back

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Documentation specifically states that pt has had physical therapy since injury and this was a request for additional therapy sessions. However, there is no documentation of total number of sessions done or response to physical therapy sessions. Documentation does not support request for any additional PT sessions with no appropriate documentation of response to treatment as required by MTUS guidelines. Additional physical therapy is not medically necessary.