

Case Number:	CM15-0100043		
Date Assigned:	06/02/2015	Date of Injury:	03/12/2014
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 is a 55 year old female, who sustained an industrial injury on March 12, 2014. She reported slipping and falling with left and right foot pain, and wrist, arms, knees, back, and neck pain. The injured worker was diagnosed as having carpal tunnel/overuse syndrome and chronic left foot pain. Treatment to date has included MRIs and medication. Currently, the injured worker complains of knees burning, left greater than right, numbness in the left arm and left leg to the toes, with burning in the left thigh. The Treating Physician's report dated March 26, 2015, noted the injured worker with sciatica flare-ups in both legs. The injured worker reported Naprosyn one to two daily was somewhat helpful. The Physician noted the injured worker had not received physical therapy; therefore, the request was made for physical therapy for the knees, hands, and left foot, and an electromyography (EMG)/nerve conduction velocity (NCV) of bilateral arms, given her complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 8 Sessions, Knees and Left Foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2014. She continues to be treated for injuries sustained as a result of a slip and fall. When seen, she was having flare ups of sciatic pain. She was having ongoing bilateral knee pain. She had numbness affecting the left arm and leg. Naprosyn was prescribed. Authorization for physical therapy and for additional testing was requested. The claimant's injury was over one year ago and she is being treated under the chronic pain treatment guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.