

Case Number:	CM15-0108304		
Date Assigned:	06/25/2015	Date of Injury:	10/02/2009
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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:

This 38 year old female sustained an industrial injury on 10/02/09. She subsequently reported diagnoses include chronic pain syndrome, brachial plexopathy, carpal tunnel syndrome and elbow lateral epicondylitis. Treatments to date include x-ray and MRI testing, carpal tunnel release surgery, physical therapy and prescription pain medications. The injured worker continues to experience right neck pain. Upon examination, there were severe myofascial trigger points in the trapezius muscle. Reflexes were 2 plus and symmetric at the biceps, triceps and brachioradialis. A request for Physical therapy 2 times a week for 3 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks: Overturned

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

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 has a remote history of a cumulative trauma work injury and is being treated for chronic right sided neck and upper extremity pain. When seen, she had been able to decrease use of medications but was having worsening symptoms. There were severe trigger points. Authorization for physical therapy and acupuncture was requested. Medications were refilled. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program and would be considered as an adjunctive treatment to the acupuncture treatments being provided. The request was medically necessary.