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| Case Number: | CM15-0108540 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 06/01/2012 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/20/2015 |
| 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: California

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 (n) 28-year-old female, who sustained an industrial injury on 6/1/12. She reported pain in her right eye, left arm and the right side of the neck related to repetitive motion. The injured worker was diagnosed as having cervical strain, cervical radiculitis, myofascial pain and medial epicondylitis. Treatment to date has included a TENs unit, a cervical MRI, chiropractic treatment, acupuncture and an EMG of the upper extremities with positive findings. Current medications include Norco, Cyclobenzaprine, Ibuprofen, LidoPro and Omeprazole. As of the PR2 dated 5/4/15, the injured worker reports 5/10 pain in the neck and upper back. She continues to have flare-ups 1-2 x per month. Objective findings include tenderness to palpation in the cervical spine and right epicondyle. The treating physician requested physical therapy 2 x weekly for 4 weeks for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the thoracic spine, 2 times a week for 4 weeks for the submitted diagnosis of upper back pain, outpatient: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. A progress note from 5/14/15 indicates the patient has suffered a recent flare-up, but this is located in the elbow/forearm, not in the region of the desired PT. Therefore, additional physical therapy is not medically necessary.