

Case Number:	CM15-0015804		
Date Assigned:	02/03/2015	Date of Injury:	10/29/2014
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female, who sustained an industrial injury on 10/29/2014. She has reported repetitive strain at work. The diagnoses have included other specified sites of sprains and strains and anxiety. Treatment to date has included conservative measures. Currently, the injured worker complains of pain, unspecified. Objective findings were not documented. Work status was modified with lifting restrictions to under 10 pounds, frequent stretch breaks for every hour of repetitive work with hands, and avoidance of forceful gripping and grasping with either hand. Medications were not listed. Recommendations included electromyogram studies, psychology evaluation, acupuncture, and physical therapy. On 12/19/2014, Utilization Review non-certified a request for physical therapy for bilateral upper extremities for 6 sessions, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Bilateral Upper Extremities; Six Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist & Hand, Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Illness Behavior Model & physical medicine Page(s): 4 & 98-99.

Decision rationale: Physical Therapy for Bilateral Upper Extremities; Six Sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient feels actively suicidal. Her physical exam is nonfocal with normal strength, reflexes, and sensation except for some decreased sensation in the right fifth digit. The MTUS recommends up to 10 visits of therapy for myalgia/myositis. The request for 6 sessions is within guideline recommendations but physical therapy is not medically necessary right now for this patient. The MTUS states that psychosocial factors may play a larger role in eventual patient outcome than obvious somatic factors as determined by the nature and extent of the original injury. Efforts directed solely to the management of possible pain generators without addressing psychosocial factors may result in a suboptimal outcome. At this point the patient appears to have a greater need for psychological therapy than physical therapy in order to achieve the best outcome for her pain. Furthermore, there are no focal deficits that would require 6 supervised physical therapy visits. Therefore, this request is not medically necessary.