

Case Number:	CM15-0018648		
Date Assigned:	02/06/2015	Date of Injury:	12/05/2011
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported an injury on 12/05/2011. The mechanism of injury was not stated. The current diagnoses include carpal tunnel syndrome, chronic pain syndrome, cervical brachial syndrome, and neck sprain/strain. The injured worker presented on 01/14/2015, for a followup evaluation with complaints of constant neck pain. The injured worker also reported bilateral upper extremity numbness, joint pain, weakness, as well as symptoms of depression and insomnia. The injured worker had completed 4 sessions of physical therapy, as well as a course of cognitive behavioral therapy. The injured worker was also utilizing Motrin 400 mg. Upon examination, there were trigger points identified in the right superior trapezius, as well as hypertonicity in the bilateral superior trapezius. Recommendations included continuation of cognitive behavioral therapy, severe laboratory studies, a prescription for Pamelor 10 mg and Motrin 400 mg, and authorization for physical therapy, twice per week for 3 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits x 6: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There was no specific body part listed in the request. Additionally, there was no documentation of significant functional improvement following the initial course of physical therapy. Therefore, the request for additional treatment would not be supported. As such, the request is not medically necessary at this time.