

Case Number:	CM15-0110637		
Date Assigned:	06/17/2015	Date of Injury:	05/26/2001
Decision Date:	07/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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 41 year old female, who sustained an industrial injury on 5/26/2001. The mechanism of injury was a cumulative injury. The injured worker was diagnosed as having cervical spine bulging, cervical radiculopathy and status post carpal tunnel release. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/21/2015, the injured worker complains of neck, left shoulder and bilateral wrist pain, rated 6-9/10. Physical examination showed cervical paravertebral tenderness with muscle spasm. The treating physician is requesting 12 physical therapy sessions for the bilateral wrists and 12 physical therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes, Physical Medicine Page(s): 9, 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 sustained a work-related injury in May 2001 and continues to be treated for neck and bilateral wrist pain. When requested, pain was rated at 8-9/10. Her condition had not changed. She was tolerating medications. She had not tried any new therapies. Physical examination findings included decreased upper extremity strength. She was referred for physical therapy. The claimant is being treated for chronic pain. There is no new injury. 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 or what would be expected to be needed to reestablish or revise a home exercise program. The request is not medically necessary.

12 physical therapy sessions to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes, Physical Medicine Page(s): 9, 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 sustained a work-related injury in May 2001 and continues to be treated for neck and bilateral wrist pain. When requested, pain was rated at 8-9/10. Her condition had not changed. She was tolerating medications. She had not tried any new therapies. Physical examination findings included decreased upper extremity strength. She was referred for physical therapy. The claimant is being treated for chronic pain. There is no new injury. 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 or what would be expected to be needed to reestablish or revise a home exercise program. The request is not medically necessary.