

Case Number:	CM15-0111465		
Date Assigned:	06/18/2015	Date of Injury:	12/16/2014
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 44 year old female, who sustained an industrial injury on 12/16/2014. The current diagnoses are musculoligamentous sprain/strain of the cervical spine, lumbar spine, and left wrist, left hand contusion, mild levoscoliosis, and suspect hematopoietic hyperplasia. According to the progress report dated 5/13/2015, the injured worker complains of constant pain in her cervical spine that she rates 6/10 on a subjective pain scale. She has no complaints of left wrist pain at this time. Additionally, she reports constant aching lumbar spine pain with radiation down her bilateral lower extremities to the level of her calves. Her low back pain is rated 7/10. The physical examination reveals tenderness to palpation over the cervical/lumbar spine. She reports pain with range of motion of the cervical/lumbar spine. The current medication list is not available for review. Treatment to date has included medication management, x-rays, wrist brace, back support, MRI studies, and physical therapy. Per the 3/26/2015 progress note, she notes that physical therapy was not beneficial. The plan of care includes 6 additional physical therapy sessions to the left wrist, back, and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional Physical Therapy sessions, twice weekly for three weeks to left wrist, back and neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 173, 265, 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy; Low Back Chapter, Physical Therapy; Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.