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| Case Number: | CM15-0117187 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 05/31/2011 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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, Hawaii

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 54 year old male with an industrial injury dated 05-31-2011. The injured worker's diagnoses include brachial neuritis or radiculitis, lumbar disc disorder with myelopathy, wrist contusion, hand contusion and thoracic or lumbosacral neuritis or radiculitis. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, chiropractic treatment and periodic follow up visits. In a progress note dated 05-11-2015, the injured worker reported muscle tension, cramping and pain in the right hand. Objective findings revealed spasm, tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion. Right hand exam revealed tenderness at the distal radius, first carpometacarpal (CMC) and across the dorsal surface. The treatment plan consisted of medication management and additional physiotherapy for the neck and right hand. The treating physician prescribed services for physiotherapy, 3 times weekly for 4 weeks, 12 sessions, neck Injury, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy, 3 times wkly for 4 wks, 12 sessions, Neck Injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

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

Decision rationale: The patient presents with muscle tension, cramping and pain in the right hand. The current request is for Physiotherapy, 3 times weekly for 4 weeks, 12 sessions, neck injury. The treating physician's report states, "Today, we are requesting authorization for 12 additional sessions of physiotherapy for the neck and right hand in order to instruct the patient in a home exercise program he can utilize to continue improving his own." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports were not made available for review. The documents do not show how many physical therapy sessions the patient has received thus far and there is no documentation that the patient has had any recent surgeries. In this case, the requested 12 additional sessions exceeds MTUS Guidelines. The current request is not medically necessary.