

Case Number:	CM15-0175165		
Date Assigned:	09/25/2015	Date of Injury:	06/30/2015
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Virginia

Certification(s)/Specialty: Neurology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year old female with an date of injury on 6-30-15. A review of the medical records indicate that the injured worker is undergoing treatment for chronic pain in her right arm, right hand, leg, upper back, right side neck. On 7-23-15, she reports complaints of upper back and neck pain. The pain has spread to the right arm and leg. The back pain is slightly better. She also has complaints of pain in her right hand that radiates to the right arm and hand with numbness and tingling in her hand. Physical exam was not noted. She has been to physical therapy twice and was referred to neurologist for Treatments have included mediation, physical therapy, E-stimulator and ice packs. Request for authorization dated 8-5-15 was made for physical therapy right wrist 2 times per week for 3 weeks. Utilization review dated 8-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy right wrist 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: This is a 32 year old female with an date of injury on 6-30-15. A review of the medical records indicate that the injured worker is undergoing treatment for chronic pain in her right arm, right hand, leg, upper back, right side neck. On 7-23-15, she reports complaints of upper back and neck pain. The pain has spread to the right arm and leg. The back pain is slightly better. She also has complaints of pain in her right hand that radiates to the right arm and hand with numbness and tingling in her hand. Physical exam was not noted. She has been to physical therapy twice and was referred to neurologist for Treatments have included mediation, physical therapy, E-stimulator and ice packs. Request for authorization dated 8-5-15 was made for physical therapy right wrist 2 times per week for 3 weeks. Utilization review dated 8-24-15 non-certified the request.