

Case Number:	CM15-0074304		
Date Assigned:	04/24/2015	Date of Injury:	12/24/2013
Decision Date:	05/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 49 year old female who sustained a work related injury December 24, 2013. While lifting heavy boxes and cleaning, she developed pain in the cervical spine, lumbar spine, bilateral shoulders, right hand and thumb. Past conservative treatment included medications and physical therapy. An orthopedic evaluation performed August 14, 2014, revealed a right thumb trigger at A1 pulley with recommended treatment of continued physical therapy and medications, including anti- inflammatory medication. According to a primary treating physician's progress notes, dated April 2, 2105, the injured worker presented with constant bilateral wrist pain and weakness in hands and intermittent neck pain, rated 6/10. Diagnoses included bilateral wrist, rule out carpal tunnel syndrome and cervical spine myospasm. Treatment plan included request for authorization for MRI, follow-up with hand specialist, continue with home exercise program, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: 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 physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper extremity. The request is for 12 SESSIONS OF PHYSICAL THERAPY. The patient is currently working with restrictions. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is being requested. The 03/25/15 progress report indicates that the patient has had physical therapy in December 2014. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 12 sessions combined with some already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.