

Case Number:	CM15-0074471		
Date Assigned:	04/24/2015	Date of Injury:	01/22/2013
Decision Date:	06/08/2015	UR Denial Date:	04/08/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 40-year-old male, who sustained cumulative industrial injuries from 2001 through January 22, 2013. He reported pain in the neck, shoulders, chest, ribs, low back, hands, hips, ribs, ankles and feet after cumulative trauma and separate incidents including falling from an 8 foot ladder and feeling a sharp back pain while lifting a toilet to change it out. The injured worker was diagnosed as having cervical spine sprain/strain, bilateral shoulder sprain/strain, thoracic spine sprain/strain and bilateral wrist carpal tunnel syndrome. Treatment to date has included diagnostic studies, radiographic imaging, interferential unit, ice and heat therapy, exercise kits, consultations, medications and work restrictions. Currently, the injured worker complains of continued reported pain in the neck, shoulders, chest, ribs, low back, hands, hips, ribs, ankles and feet with associated insomnia, poor memory and headaches. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 25, 2015, revealed continued pain as noted. Physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 8 weeks: Upheld

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

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

Decision rationale: The patient is a 40-year-old male with cumulative injuries from 2001 through 01/22/2013. He fell from an 8-foot ladder. He has neck, back, rib, hand, hip, foot and ankle pain. He had cervical strain/sprain, lumbar strain/sprain, bilateral shoulder sprain/strain and bilateral carpal tunnel syndrome. He has had physical therapy, inferential unit treatment, exercise, work restrictions and exercise kits. The requested 16 visits of physical therapy is not consistent with MTUS, Chronic Pain, Physical Medicine guidelines which provides for a maximum of 8-10 physical therapy visits. In addition, this point in time relative to the injury should have transitioned the patient transitioned to a home exercise program, as there is no documented superiority of continued formal physical therapy over a home exercise program. Therefore, the request is not medically necessary.