

Case Number:	CM15-0076117		
Date Assigned:	04/27/2015	Date of Injury:	03/04/2011
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: Pennsylvania, Ohio, 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 37-year-old female, who sustained an industrial injury on 3/4/11. The injured worker has complaints of constant headaches and neck pain with radiation to the associated weakness. She has constant low back pain, bilateral shoulder pain and bilateral wrist and hand pain. The diagnoses have included status post two-level anterior cervical decompression and fusion at C4 through C6 on 10/24/13 with residuals; C5-C6 pseudo-arthrosis; non-compliance with brace; degenerative disc disease at T5-T6 and T6-T7 per X-rays. Treatment to date has included cervical fusion on 10/24/13; cervical laminotomy on 8/7/14; wrist arthroscopy; physical therapy; soma; Ultracet and Tylenol #3. The request was for physical therapy 2 times 6 for the left wrist and right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the left wrist and right hand: 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.