

Case Number:	CM13-0042452		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2006
Decision Date:	03/13/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 male who sustained an industrial related injury on 7/20/07. The injured worker had complaints of left arm and hand pain. Pain, swelling, temperature change, color change, and allodynia in the left upper extremity were noted from the elbow down. Prescriptions included Vicodin ES, Soma, Ambien, and Trazadone. Treatment included wrist braces, physical therapy, and a home exercise program. Diagnoses included complex regional pain syndrome type 1 of the left upper extremity and status post cervical/neck surgery. The treating physician requested authorization for 12 sessions of physiotherapy for the neck. On 9/19/13 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had an unknown number of prior physical therapy sessions. The nature and outcome of prior therapy was not elaborated on in the medial records therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY TWELVE SESSIONS FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.