MAXIMUS Federal Services

Case Number:	CM14-0142052		
Date Assigned:	09/10/2014	Date of Injury:	08/27/2012
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, wrist, and low back pain reportedly associated with an industrial injury of August 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and apparent return to work, albeit with a different employer. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for unspecified amounts of physical therapy for the cervical spine and the lumbar spine.The applicant's attorney subsequently appealed. In a clinical progress note dated February 20, 2014, the applicant stated that she resigned from work at her former employer. The applicant did report neck pain, bilateral hand and wrist pain, and low back pain reportedly attributed to cumulative trauma at work. The applicant stated that she was working in a new role as an accounts receivable manager. The applicant was asked to continue previously ordered physical therapy and obtain MRI imaging and electrodiagnostic testing. In a June 19, 2014 progress note, the applicant apparently presented with ongoing issues with neck, wrist, and low back pain. The applicant was returned to regular work. It was stated that the applicant was not significantly improved. A hand surgery evaluation was pending. The applicant was given refills of Norco, naproxen, Carisoprodol, and Soma. On July 17, 2014, the applicant was asked to consult an orthopedic hand surgeon for reported carpal tunnel syndrome and radial styloid tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT BLUE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, it is unclear why further formal physical therapy is being sought, as the applicant has already returned to regular duty work. As the attending provider further acknowledge, the applicant had essentially plateaued with earlier conservative treatment, including earlier physical therapy. The applicant was apparently asked to consult a hand surgeon to evaluate issues associated with hand tenosynovitis and carpal tunnel syndrome, suggesting that the applicant had reached the plateau with earlier conservative management, including earlier physical therapy. Therefore, the request is not medically necessary.

PT Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the applicant has already been returned to regular duty work. It is unclear why the applicant cannot likewise transition to self-directed home physical medicine. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases when an attending provider furnishes a prescription which "clearly states treatment goals." In this case, however, the request, as written, is imprecise. It is not clearly stated why additional formal physical therapy is needed and/or in what quantity. The request, thus, as written, runs counter to MTUS parameters and principles. Accordingly, the request is not medically necessary.

PT Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the applicant had already been returned to regular duty work as of the date additional physical therapy was sought. It was unclear why the applicant could not perform self-directed home physical medicine at home, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 also notes that a prescription which "clearly states treatment goals" increases the value of physical therapy. The request, as written, is imprecise, does not state what the goals of treatment of are, and does not state how much treatment is being sought. Therefore, the request is not medically necessary.