

Case Number:	CM13-0017469		
Date Assigned:	03/12/2014	Date of Injury:	11/12/2012
Decision Date:	05/09/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 62-year-old male who reported an injury on 11/12/2012 due to cumulative trauma while performing normal job duties. The injured worker's most recent clinical evaluation dated 02/24/2014 documented that the injured worker had continued pain complaints of the neck and left hand rated at an 8/10. It was documented that the injured worker was participating in a home exercise program. Physical findings included restricted cervical spine range of motion with tenderness to palpation and spasming in the paravertebral musculature and normal range of motion of the thumb bilaterally. The injured worker's diagnoses included cervical disc syndrome, C5-6 severe spinal stenosis, bilateral C5-8 radiculopathy, bilateral carpal tunnel syndrome, ulnar nerve injury, degenerative joint disease of the 1st digit of the left hand, lumbar disc syndrome and intractable pain. The injured worker's treatment plan included physical therapy, a neurosurgical consult, consultation with a hand specialist, a splint for the left wrist, and ongoing use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PHYSICAL THERAPY FOR THE CERVICAL SPINE, NUMBER OF VISITS UNSPECIFIED, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- <http://www.acoempracguides.org/>

Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The injured worker's most recent clinical documentation indicated that the injured worker was participating in a home exercise program. The clinical documentation did not provide any factors to preclude further progress of the injured worker while participating in a home exercise program. Additionally, the request as it is submitted does not specifically define a frequency or duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested unknown physical therapy for the cervical spine, number of visits unspecified, as an outpatient is not medically necessary and appropriate.