

Case Number:	CM13-0021966		
Date Assigned:	12/27/2013	Date of Injury:	07/15/1997
Decision Date:	03/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 patient is a 45-year-old female who reported an injury on 7/16/1997. The patient's diagnoses include chronic myofascial syndrome, left lateral epicondylitis resolved, and right de Quervain's tenosynovitis flare-up. The mechanism of injury information was not provided in the medical record. The most recent clinical note dated 10/30/13 reveals that the patient complains of right wrist, elbow, and neck pain, as well as headaches. Objective findings include tenderness to the right wrist. The right hand grip was noted as weak. Right wrist flexion decreased with pain at 10 degrees. Examination of the cervical spine revealed tenderness to palpation of C5, C6 and C7 dermatomes. There were no noted cervical spine paraspinal spasms. Trigger points were noted to the trapezius and supraspinatus. Deep tendon reflexes were abnormal bilaterally. There was pain noted on range of motion with left rotation, right rotation, right lateral flexion, pain on flexion and extension, and range of motion was reduced at 50%. There was an abnormal sensory exam to the bilateral arms. The right distal radius had pain to palpation, and lateral rotation moderate restriction noted to the right. The patient states that her current medication regimen does help reduce her pain, and she is more independent.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the cervical spine, left elbow, and right wrist: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. As the clinical documents in the medical record state that the patient continues to have significant restrictions with her flexibility, strength, endurance, and she continues to have functional deficits. She continues to complain of severe pain to her neck and her wrists. She states that her current medication regimen helps relieve her pain slightly enough for her to be able to cooperate and function with her every day activities. There is no documentation provided in the medical records of any functional increase after the patient's previous physical therapy, no documentation of the patient's increase in strength, and decrease in pain or discomfort. The requested service is for 12 sessions of physical therapy for the cervical spine and left elbow and right wrist, and the recommended number of physical therapy sessions per California MTUS Guidelines is 9-10 visits over eight weeks. The request exceeds that which is recommended by California MTUS Guidelines. Therefore, the request is non-certified.