

Case Number:	CM13-0040266		
Date Assigned:	03/21/2014	Date of Injury:	08/29/2012
Decision Date:	04/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Preventative 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 patient is a 58-year-old male with an 8/29/12 date of injury. The patient underwent carpal tunnel release on 7/2/13. Subjective complaints include no significant improvement after carpal tunnel release and worsening right scapular pain, and objective findings include trigger point on the right scapula. Current diagnoses include cervical sprain/strain, cervical intervertebral disc disorder, neuritis/radiculitis cervica brachial, and carpal tunnel release surgery, and treatment to date has been 8 postoperative physical therapy visits for the wrist, and 8 physical therapy sessions for the cervical spine. A medical report identifies subjective findings of right wrist pain that is constantly rated at 5-7/10 and it radiates down the arm to the fingers with numbness and tingling and weakness

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE CERVICAL SPINE: 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. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain, not to exceed 10 visits over 4-8 weeks with the allowance for fading of treatment frequency, with the transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of cervical sprain/strain not to exceed 10 visits over 8 weeks. The ODG also notes that patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction. When treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, cervical intervertebral disc disorder, neuritis/radiculitis of the cervical spine and brachial plexus, and carpal tunnel release surgery. In addition, there is documentation of 8 physical therapy visits for the cervical spine; 12 additional sessions of physical would exceed guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services with previous physical therapy. Furthermore, despite documentation of subjective and objective findings, there is no clear documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy is not medically necessary.

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The MTUS Postsurgical Treatment Guidelines recommend up to 8 visits of postoperative physical therapy over 5 weeks. The postsurgical physical medicine treatment period is up to 3 months. In addition, the MTUS Postsurgical Treatment Guidelines state that the initial course of physical therapy following surgery is half the number of sessions recommended for the general course of therapy for the specified surgery. The MTUS states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, cervical intervertebral disc disorder, neuritis/radiculitis cervical brachial, and carpal tunnel release surgery. In addition, there is documentation of status post carpal tunnel release on 7/2/13 and 8 sessions of post-operative physical therapy sessions completed to date, which is the limit. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services

with previous postoperative physical therapy. Lastly, despite documentation of subjective findings, there is no clear documentation of exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for additional postoperative physical therapy is not medically necessary.