

Case Number:	CM13-0043996		
Date Assigned:	12/27/2013	Date of Injury:	12/04/2012
Decision Date:	03/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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, has a subspecialty in Interventional Spine, 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 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:

This is a 44-year-old female, who was injured on 12/4/2012. She presented to the provider's office on 9/27/13 with pain in her neck, bilateral elbows, wrists and right hand. There was note of some improvement with therapy for motion in the neck. Cervical flexion was full, extension was at 40 degs, rotation 60 degs, bilaterally, and lateral bending was 20 degs bilaterally. She was diagnosed with cervical multilevel disc bulge; medial and lateral epicondylitis with ulnar nerve irritation; strain bilateral forearms with tendinitis; strain bilateral wrists with early CTS (carpal tunnel syndrome); ganglion cyst vs. neuroma in the right hand. The provider recommended continuing acupuncture and requested PT (physical therapy) 2x4 for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times per week for 4 weeks for the cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The patient presents with pain in her neck, bilateral elbows, wrists and right hand. On 4/17/13, she was recommended for 12 PT (physical therapy) sessions for the cervical spine. The 7/25/13 report states the PT was authorized. On 7/25/13 the cervical ROM (range of motion) shows flexion at 40 degs, extension at 40, rotation at 60 and lateral bending at 20. The 8/23/13 report shows she had one week of therapy, and the ROM remains the same. Then the 9/27/13 report shows cervical flexion is now full, and all other ranges remain the same. The MTUS guidelines recommend 8-10 PT sessions for various myalgias and neuralgias. The patient has recently completed 12 sessions and there is a request for 8 additional sessions. The request for the PT 2x4 when combined with the prior 12 sessions of PT, will exceed the MTUS recommendations. Therefore, the request is not certified.

MRI of the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The available records show the patient has had persistent symptoms for over 5 months, despite conservative care. The MTUS/ACOEM states: "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." In this case, the patient's symptoms have been over the 4-6 week period of conservative care and observation. The request appears to be in accordance with MTUS/ACOEM guidelines. Therefore, the request is certified.