

Case Number:	CM13-0045107		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2008
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 50-year-old female who reported a work related injury as a result of cumulative trauma on 05/06/2008. The patient subsequently presents for treatment of the following diagnoses: cervical spine strain, left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, and bilateral radial tunnel syndrome. The clinical note dated 11/06/2013 reports the patient was seen in clinic under the care or [REDACTED]. The provider documented, upon physical exam of the patient, cervical flexion was 40 degrees, extension 30 degrees, and rotation 60 degrees bilaterally. The patient had cervical and trapezial tenderness and reported slight decreased sensation to the digits. The provider documented wrist Tinel's was negative, cubital Tinel's was negative bilateral, Phalen's testing was positive, and elbow flexion test was positive bilaterally. Motor exam revealed 5/5 motor strength noted throughout. Shoulder active abduction was 0 degrees to 75 degrees bilaterally, and forward flexion 0 degrees to 180 degrees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates physiological evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, lab tests, or bone scan. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Given that the patient presented upon physical exam with no motor or neurological deficits, the current request is not supported. As such, the request for MRI of the cervical spine is not medically necessary or appropriate.

Pain management consultation for Epidural Steroid Injection (ESI): 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 Page(s): 46.

Decision rationale: The current request is not supported. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. The most recent physical exam of the patient failed to evidence the patient presented with any motor or neurological deficits to support the requested injection therapy at this point in the patient's treatment. Therefore, the request for consultation for injection therapy is not indicated. MRI of the cervical spine dated 10/07/2011 did not reveal any nerve root involvement indicative of radiculopathy. Given all of the above, the request for Pain management consultation for ESI is not medically necessary or appropriate.

Physical therapy 2x6: Upheld

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

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

Decision rationale: The current request is not supported. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less. Given the documentation submitted for review failed to evidence when the patient last completed a course of supervised therapeutic interventions, the duration and frequency of treatment, as well as efficacy, the current request is not supported. Furthermore, the patient presented with no motor or neurological deficits upon exam. At this point in the patient's treatment status post a work related injury sustained in 05/2008, an independent home exercise program would be indicated. Given all of the above, the request for PT 2x6 is not medically necessary or appropriate.