

Case Number:	CM13-0045593		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2007
Decision Date:	03/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation and is licensed to practice in New York and 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 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 reported injury on 11/01/2007. The mechanism of injury was not provided. The patient was noted to have neck pain radiating from the neck down to the right arm. The patient's diagnoses were noted to include cervical disc degeneration, extremity pain, joint pain shoulder, and cervical radiculopathy as well as entrapment neuropathy of the upper limb and cervical facet syndrome. The request was made for 12 sessions of physical therapy for the neck and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for physical therapy 2x/week x 6 weeks (12 sessions), neck and right upper extremity: 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: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue

injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The patient was noted to have restricted range of motion in the cervical spine. The patient was noted to have a trigger point in the paravertebral muscles. The patient was noted to have tenderness in the paracervical muscles, rhomboids and trapezius. The Spurling's maneuver was noted to cause pain in the muscles of the neck radiating to the upper extremity. The physical examination of the right wrist indicated the patient had tenderness to palpation over the radial side and ulnar side and the patient's Tinel's and Phalen's were noted to be positive. The patient was noted to be wearing a hand brace. Clinical documentation submitted for review failed to indicate the patient's prior treatments, number of therapy visits, and functional benefit received from prior treatments, as the injury was noted to be reported 11/01/2007. There was lack of documentation indicating the patient's functional deficits to support therapy and failed to document the necessity for 12 sessions. As per California MTUS Guidelines this would be excessive. Given the above, the request for physical therapy 2x/week x 6 weeks (12 sessions) Neck and Right Upper Extremity is not medically necessary.