

Case Number:	CM13-0047178		
Date Assigned:	12/27/2013	Date of Injury:	11/23/2012
Decision Date:	02/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in 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 is a 53-year-old female who reported an injury on 11/23/2012. The patient is currently diagnosed with cervical myofascial sprain and strain and synovitis of the left thumb carpometacarpal joint. The patient was seen by [REDACTED] on 10/14/2013. The patient completed 8 sessions of physical therapy. The patient continued to report left thumb pain with radiation to the elbow and increased cervical spine pain and stiffness. Physical examination revealed moderate left paracervical spasm, tenderness, and guarding with intact sensation. Treatment recommendations included continuation of physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4 Neck/Cervical Spine: 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): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active, self-directed home physical medicine. As per the clinical documentation submitted, the patient has completed a previous course of physical therapy for the cervical spine. Documentation of significant functional improvement was not included in the medical records provided for review. The patient reported only "some benefit" following the course of 8 sessions of physical therapy. The patient continued to report cervical spine pain and stiffness. Physical examination continues to reveal moderate paracervical spasm, tenderness, and guarding. Based on the clinical information received, ongoing treatment cannot be determined as medically appropriate. As such, the request for additional physical therapy 2x4 for the neck/cervical spine is not medically necessary and appropriate.