

Case Number:	CM13-0053942		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2012
Decision Date:	05/07/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery, 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:

This 42-year-old sewing machine operator sustained an industrial injury on June 12, 2012 pulling a heavy blanket with onset of neck and right shoulder pain. The August 24, 2012 upper extremity electrodiagnostic study findings were consistent with left carpal tunnel syndrome and right Guyon canal syndrome. The March 1, 2013 cervical MRI documented loss of disc height and disc desiccation changes at C4/5 and C5/6 and disc protrusions that flatten and abut the thecal sac with mild bilateral lateral spinal and neuroforaminal stenosis. The patient underwent left shoulder arthroscopic acromioclavicular synovectomy, labral debridement, subacromial deltoid bursectomy, partial claviclectomy, and partial acromionectomy on April 6, 2013. Cervical epidural steroid injections at C4/5 and C5/6 were requested on September 4, 2013 as the patient had failed conservative treatment, including extensive course of physical therapy. The October 2, 2013 treating physician report cited worsening neck pain with radicular symptoms in the upper extremities and right foot pain. Cervical epidural steroid injections and a carpal tunnel release were pending. Objective findings documented decreased left wrist range of motion with positive carpal tunnel provocative signs and decreased cervical range of motion with paraspinal tenderness and positive Spurling's. The diagnosis was C4/5 and C5/6 disc herniation, status post left shoulder arthroscopy, left elbow sprain/strain, left wrist sprain/strain with carpal tunnel syndrome, right wrist sprain/strain with Guyon canal syndrome, lumbar sprain/strain, rule-out lumbar disc herniation with radiculopathy, right foot and ankle sprain/strain and arthralgia, gastritis, and acute cephalgia. The treatment plan recommended cervical epidural steroid injections at C4/5 and C5/6, home cervical traction unit, continued physiotherapy, and continued medications (Anaprox, Zanaflex, Ultram, Norco, Fioricet, and Prilosec). Records indicate that the patient had completed extensive physical therapy for the neck, left shoulder, wrist, back, and

right foot/ankle including 24 visits in 2013 plus post-operative physical therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 6 WEEKS FOR THE NECK, LEFT SHOULDER, WRIST, BACK, AND RIGHT FOOT/ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 98-99.

Decision rationale: Under consideration is a request for physical therapy twice per week for six weeks for the neck, left shoulder, wrist, back, and right foot/ankle. The Chronic Pain Medical Treatment Guidelines for chronic pain recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. Physical therapy has been requested to reduce pain and improve quality of life and function. Records indicate that the patient had failed conservative treatment for the neck, including extensive physical therapy, and cervical epidural injections have been requested. The left wrist findings are positive for carpal tunnel syndrome and surgery has been requested. There is no functional assessment or functional treatment goal documented to be addressed by physical therapy for any of the body parts listed. There is no documentation that prior physical therapy has achieved objective measurable functional improvement. The request for physical therapy for the neck, left shoulder, wrist, back and right foot/ankle, twice per week for six weeks, is not medically necessary or appropriate.