

Case Number:	CM13-0062002		
Date Assigned:	05/07/2014	Date of Injury:	02/03/2010
Decision Date:	06/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 46 year old female with an injury reported on 02/03/2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/02/2013, reported that the injured worker complained of increasing neck pain. Per objective findings the injured worker was reported with minimal cervical tenderness, cervical spine range of motion decreased about 20%; the Lhermitte's and spurling's sign were both negative. Per the MRI of the cervical spine dated 08/30/2010, reported a large C5-6 disc herniation compressing the spinal cord. Per the MRI of the cervical pain dated 10/02/2013 reported no change in position. Clinical note dated 05/04/2013 reported the injured worker was post right carpal tunnel decompression on 09/09/2010; and post left carpal tunnel decompression on 04/18/2011. The injured worker's jamar grip to the right was 80-75-78 and to the left was 85-80-75. The injured worker's diagnoses included herniated Nucleus Pulposus C5-6 with neuro deficit, status-post anterior cervical discectomy and fusion dated on 02/23/2012, and acute cervical strain. The request for authorization was submitted on 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker complained of increasing neck pain. The injured worker is post right carpal tunnel decompression on 09/09/2010; and post left carpal tunnel decompression on 04/18/2011. The injured worker's jamar grip to the right was 80-75-78 and to the left was 85-80-75. According to the Chronic Pain Guidelines active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. According to the clinical information provided, the injured worker had undergone occupational therapy for the left hand on 05/10/2011, and was status-post left carpal tunnel decompression on 04/18/2011. There is a lack of clinical information provided indicating recent diagnoses that would contribute to increased pain and discomfort to bilateral wrist. Also, there is a lack of documentation of the injured worker's unresponsiveness to medication therapies or exercises. There was a lack of documentation indicating the injured worker had significant physical exam findings to bilateral wrist to include functional deficits. Therefore, the request for physical therapy two (2) times a week for four (4) weeks for bilateral wrist is non-certified.