

Case Number:	CM13-0062792		
Date Assigned:	12/30/2013	Date of Injury:	09/10/2013
Decision Date:	12/31/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old male with an injury date of 06/10/13. Based on the progress report dated 10/15/13, the patient complains of continuous pain in the neck along with numbness and tingling in the right upper extremities, right greater than left. The pain in the cervical spine is rated at 1-4/10. The patient also complains of pain in bilateral shoulders radiating to the fingers, bilateral arms, bilateral elbows, and bilateral wrists. All pains range from 2-5/10 except bilateral wrist pain that is rated at 4-6/10. Both cervical and extremity pains are aggravated by certain movements. The patient also suffers from pain in the lower back rated at 2-3/10. He also has pain in bilateral legs, ankles and knees. The pain prevents the patient from completing activities of daily living effectively. Physical examination of the cervical spine reveals tenderness to palpation over the paravertebral musculature along with paraspinal spasms and a 50% reduction in range of motion. Cervical compression and Spurling's test are positive. Physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature along with paraspinal spasms and a 50% reduction in range of motion. Sensory examination reveals decreased sensation to light touch at C6 and C7 dermatomes. Romberg's test is positive. Physical examination, as per progress report dated 09/27/13, reveals diminished sensation in five fingers along with diffuse tenderness to palpation over the right trapezius muscle. The patient received six sessions of physical therapy for his right hand only with no relief, as per progress report dated 10/15/13. The patient has been temporarily totally disabled since 09/10/13, as per progress report dated 10/15/13. X-ray of the Cervical Spine, 10/15/13, as per progress report dated 10/15/13 was: - Anterior osteophyte collapse and kyphosis at C5, C5, and C7. - Sharp kyphosis on flexion at C5, C6, and C7 with 3-4 mm anterior subluxation at C4-5 and C5-6.-X-ray of Bilateral Wrists, 10/15/13, as per progress report dated 10/15/13: Early degenerative changes in both wrists at

radial-carpal joints.-X-ray of Lumbar Spine, 10/15/13, as per progress report dated 10/15/13: Degenerative changes at L4-5 and L5-S1.EMG, 08/13/13, as per progress report dated 09/27/13:- Mild to moderate right carpal tunnel syndrome.- Mild right ulnar neuropathy at wrist.Diagnosis on 10/15/13:- Myoligamentous sprain/strain of the cervical spine; cervical stenosis with radiculopathy.- Myoligamentous sprain/strain of the lumbar spine.- Post-operative changes in the right wrist with arthritis on bilateral wrists.- Myoligamentous sprain/strain of the bilateral hands.The provider is requesting for physical therapy (PT) for the bilateral hands/wrists. The utilization review determination being challenged is dated 11/12/13. The rationale was "Since radiculopathy is suspected PT is contraindicated." Treatment reports were provided from 06/17/13 - 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral hands/wrists: 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 Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with continuous pain in neck and lower back radiating to upper and lower extremities. The pain ranges from 1-6/10, depending on the body part and the type of movements, as per progress report dated 10/15/13. The request is for physical therapy for the bilateral hands/wrists. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."In this case, the patient complains of bilateral wrist pain rated at 4-6/10. X-ray of bilateral wrists, dated 10/15/13, reveals early degenerative changes in both wrists at radial carpal joints. EMG studies, dated 08/13/13, reveal mild right ulnar neuropathy at wrist. The patient received six sessions of physical therapy for his right hand only with no relief, as per progress report dated 10/15/13. The new request does not mention the number of additional sessions needed nor does the provider discuss the reasons for additional therapy. Since, the patient is not post-operative for wrist/hand strains/sprains, MTUS recommends up to 10 sessions. The request for additional sessions may exceed what is allowed by MTUS. Therefore, physical therapy for the bilateral hands/wrists is not medically necessary and appropriate.