

Case Number:	CM13-0065699		
Date Assigned:	01/03/2014	Date of Injury:	08/12/2011
Decision Date:	04/18/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation and is licensed to practice Illinois. 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 40-year-old female who reported a work related injury on 08/12/2011 due to cumulative trauma. The patient is status post right endoscopic carpal tunnel release in January 2012 and status post right medial and lateral epicondylectomy, ulnar nerve decompression, radial tunnel release, and radical right wrist flexor tenosynovectomy in June 2013. The patient has undergone conservative treatment to include pain management, acupuncture treatment, injections, and physical therapy treatments. The patient completed 12 postoperative physical therapy sessions. Additional therapy is requested to address neck and back pathology. A request was made for physical therapy two times three for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES THREE FOR THE LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Physical exam of the patient revealed no tenderness over the right paracervical musculature and no tenderness of the cervical spine. The patient had normal neck and shoulder range of motion with tenderness at extremes of motion. She had positive Tinel's sign over the thoracic outlet, positive Wright's test, positive Adson's maneuver and no tenderness in the remainder of the shoulder. It was noted the patient continued to have decreased strength and range of motion to her right elbow and increased pain to her right elbow. There was no documentation noting significant functional deficits related to the patient's lumbar area or cervical spine which would justify 6 physical therapy sessions. The rationale was not noted in the submitted documentation for the request for physical therapy for the patient's lumbar or cervical area. California MTUS Guidelines recommend to allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Guidelines recommend 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. There was no evidence given the patient would not be able to address her deficits in a home exercise program. In addition, there were no specific functional deficits noted for the patient's lumbar or cervical area. Therefore, the decision for physical therapy two times three for the lumbar and cervical spine is non-certified.