

Case Number:	CM13-0070510		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2010
Decision Date:	04/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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 Family Practice 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 58-year-old female who reported an injury on 06/08/2010. The mechanism of injury was not provided in the medical records. The patient was diagnosed with sprain of neck. The patient's symptoms include cramping to the right wrist with grasping activities. The left hand showed some tingling in the median nerve distribution, mainly between the ring and middle fingers. Physical medicine treatment included right carpal tunnel decompression on 06/04/2012, left carpal tunnel decompression on 08/03/2012, EMG/NCT on 01/14/2013 which was negative for radiculopathy and negative for residual carpal tunnel syndrome, and digital radiography (4 views) of the right wrist on 09/09/2013, was noted to have no obvious fracture of the distal radius or the scaphoid.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS CERVICAL AND LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, physical medicine with passive therapy can provide short-term relief during the early phase of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted for review failed to provide evidence of objective functional deficits to the cervical and lumbar spine. In addition to that, it is unclear whether the patient was previously treated with physical therapy. In the absence of details regarding previous physical therapy treatment, such as number of visits completed, duration of treatment, and measurable functional gains made throughout those physical therapy sessions, the request for additional physical therapy is not supported. As the request for physical therapy exceeds the guidelines, exceptional factors would also need to be documented. Given the above, the request for physical therapy 2 times a week times 6 weeks cervical and lumbar is non-certified.