

Case Number:	CM13-0070780		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2006
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 has a subspecialty in Pain Management 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 claimant is a 58 year old injured worker who sustained a work-related injury on October 3, 2006 resulting in left elbow, left wrist pain, low back pain, and lumbar radiculopathy. The patient had a lumbar fusion performed which eventually resulted in a post laminectomy syndrome. He had a spinal cord stimulator implant for chronic pain. His pain was also managed with opioids. He also had a carpal tunnel syndrome and had surgical release. A brief progress note on 10/30/2013 stated that the claimant was getting benefit from therapy for his carpal tunnel. On Dec. 9, 2013, an orthopedic surgeon requested electrodiagnostic studies confirming cubital tunnel syndrome and carpal tunnel syndrome for possible surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is

widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Based on the guidelines above physical therapy is not recommended or medically necessary for carpal tunnel syndrome. The request for physical therapy twice a week for six weeks for the right shoulder is not medically necessary and appropriate.