

Case Number:	CM13-0072671		
Date Assigned:	01/10/2014	Date of Injury:	03/21/2013
Decision Date:	05/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery 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 52-year-old female eligibility worker reported a repetitive injury on 3/21/13 relative to typing work duties. Physical therapy was authorized for 12 sessions relative to the neck, back, and upper extremity on 7/3/13. The 7/31/13 report, noted bilateral upper extremity electrodiagnostic studies revealed mild bilateral median sensory neuropathy at the wrists and mild right ulnar motor neuropathy at the elbow. The 10/11/13 pain management evaluation recommended warm pool exercise for emerging symptoms of chronic pain syndrome. The 10/23/13 progress report cited subjective complaints of bilateral elbow, right shoulder, neck, upper/mid back, and lower back pain. Physical exam findings noted decreased left grip strength, cervical muscle guarding and spasms, trapezius muscle tenderness, decrease light touch sensation bilateral ring and small fingers, bilateral medial and lateral epicondyle tenderness, right elbow muscle guarding and spasms, increased bilateral shoulder pain at end range motion, right shoulder tenderness, bilateral shoulder muscle guarding/spasms, and increased lumbar pain at end-range motion. The diagnosis was right cubital tunnel syndrome, mild bilateral carpal tunnel syndrome, right shoulder impingement syndrome with acromioclavicular arthrosis and partial Final Determination Letter for IMR Case Number [REDACTED] rotator cuff tear, cervical strain with degenerative disc disease, thoracic strain, lumbar strain, rule-out lumbar radiculopathy, and bilateral medial and lateral epicondylitis. The treatment plan recommended continued medications and therapy for the cervical and thoracic spine per the pain management physician. The 12/13/13 utilization review recommended modification of the request for 18 sessions of physical therapy, and certified a trial of 6 aquatic therapy sessions, consistent with the pain management recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY; 18 SESSIONS (3 TIMES 6), CERVICAL SPINE, THORACIC SPINE, BILATERAL HANDS AND WRISTS: 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) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine, Page(s): 9, 22, 98-99.

Decision rationale: The California MTUS guidelines recommend physical medicine treatment focused on the goal of functional restoration rather than the elimination of pain. Aquatic therapy is recommended as an optional form of exercise therapy and as an alternative to land-based physical therapy. MTUS Guidelines generally recommend a trial of 6 visits to assess functional improvement. The 12/13/13 utilization review recommended certification of this request with modification to a trial of 6 aquatic therapy visits. There is no compelling reason provided to support the medical necessity of physical therapy beyond the sessions already certified. There is no documentation of objective measurable functional benefit achieved with prior physical therapy treatment. Therefore, the request for 18 physical therapy sessions three times a week for six weeks for the cervical and thoracic spine, and bilateral hands and wrists are not medically necessary and appropriate.