

Case Number:	CM14-0003733		
Date Assigned:	02/03/2014	Date of Injury:	08/22/2013
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

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 and is licensed to practice in Texas. 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 injured worker is a 58-year-old female who reported an injury on 08/22/2013 due to repetitive use work. The injured worker completed 12 sessions of physical therapy and 12 acupuncture treatments. The documentation of 12/26/2013 revealed the injured worker had tender forearms and a positive Phalen's bilaterally. The injured worker was noted to be having neck spasms. The diagnoses included cervical strain, bilateral impingement syndrome right greater than left, bilateral CTS moderate right greater than left and cubital tunnel syndrome. The treatment plan included bilateral wrists braces, physical therapy for bilateral carpal tunnel syndrome and neck, cortisone injection for carpal tunnel syndrome that was declined pending response from further conservative care, and x-rays of the bilateral wrists, bilateral shoulders, 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 UNKNOWN NUMBER OF VISITS-FOR THE BILATERAL HANDS/ WRIST NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic); Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Preface, Carpal Tunnel Syndrome Chapter, Physical medicine treatment.

Decision rationale: The California MTUS Guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. However, they do not specifically address the wrist or the neck. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the physical therapy treatment for sprains and strains at the neck is 10 visits over 8 weeks. Additionally, they indicate when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. They indicate that the treatment for carpal tunnel syndrome is 1 to 3 visits. The clinical documentation submitted for review indicated the injured worker had participated in 12 visits of physical therapy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The injured worker should be well versed in a home exercise program. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for physical therapy, unknown number of visits for the bilateral hands/wrists and neck, is not medically necessary.