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| Case Number: | CM14-0003960 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 09/06/2012 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 & Rehabilitation, has a subspecialty in Sports Medicine, 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 patient is a 39-year-old male who has submitted a claim for neck pain, and right shoulder pain; associated with an industrial injury date of 09/06/2012. Medical records from 06/11/13 to 12/03/13 showed that patient complained of neck, back, and right wrist/hand pain. There was increased range of motion for the right thumb. The patient reports numbness to the right middle finger, index finger, and right thumb with use. Physical examination showed tenderness throughout the cervical, thoracic, and lumbar spine. There was a healed incision on the right wrist/hand. Tenderness was noted at the right radial wrist, with limited range of motion. Finkelstein's test was positive. Treatment to date has included Vicodin, Norco, Anaprox, Flexeril, Tramadol, long arm splinting, physical therapy, extracorporeal shockwave therapy (9 sessions), right carpal tunnel release (01/29/13), and right DeQuervain's release (10/08/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY CERVICAL/ RIGHT SHOULDER, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , NECK/UPPER BACK AND SHOULDER CHAPTERS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of CA MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during early phases of pain treatment while active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient completed 12 sessions of physical therapy on 07/29/2013. Most of the handwritten records reviewed were illegible. The remainder of the records reviewed failed to show that the employee benefited from the previous therapy received. There is likewise no rationale provided to indicate the employee would benefit from further physical therapy sessions. Therefore, the request for physical therapy is not medically necessary.