

Case Number:	CM14-0007546		
Date Assigned:	02/10/2014	Date of Injury:	08/29/2011
Decision Date:	07/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology 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 patient is a 44-year-old male who has submitted a claim for neck sprain/strain, proximal interphalangeal joint sprain/strain of the left long digit, and flexor tendonitis of the left long digit associated with an industrial injury date of August 29, 2011. Medical records from 2012-2013 were reviewed showing the patient having pain in the neck grade 3-7/10 in severity with radiation to the upper interscapular area. The pain was characterized as aching tightness, constant and bilateral, right more than the left. The pain was aggravated by lifting/carrying, pushing/pulling, and prolonged walking. There was associated occipital headache and sleeplessness. Physical examination showed a forward-extended posture. There was moderate tightness and tenderness in the paracervical musculature bilaterally extending out to the trapezius on the right with slight on the left. There was limited range of motion on the cervical spine. Extension and rotation to the right causes discomfort in the right mid-paravertebral musculature. Motor and sensory examination was intact. Imaging studies were not available. Treatment to date has included medications, TENS, Paraffin wax bath, home exercise program, and activity modification. Utilization review dated January 3, 2014 denied the request for physical therapy 1 x 8 for [REDACTED] Program because the findings do not document any significant functional deficit that cannot be addressed with a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1 X8 FOR [REDACTED] PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 and Upper Back Chapter, Physical therapy.

Decision rationale: Page 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Physical Medicine can provide short term relief during the early phases of pain treatment. The guidelines also recommend it for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG Physical Therapy guidelines recommend an initial 6-visit clinical trial of physical therapy, and with evidence of improvement, can total up to 9 visits over 8 weeks for cervicgia and cervical spondylosis. In this case, the patient has persistent neck pain. He has never had any prior physical therapy. The most recent progress report dated December 5, 2013 stated that there is some decrease in the overall symptoms because he was putting his neck in the posterior neutral posture, as instructed on his last visit. For advancement of this, physical therapy for the [REDACTED] program was requested. However, the guidelines recommend an initial 6-visit clinical trial prior to a continued course of treatment. The requested number of physical therapy visits would exceed the recommended guidelines. The present request also failed to specify the body part to be treated. Therefore, the request is not medically necessary.