

Case Number:	CM14-0101065		
Date Assigned:	07/30/2014	Date of Injury:	10/06/2003
Decision Date:	10/07/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Emergency Medicine 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 injured worker is a 55 year-old male, who sustained an injury on October 6, 2003. The mechanism of injury is not noted. Pertinent diagnostics are not noted. Treatments have included: right carpal tunnel release, medications, physical therapy. The current diagnoses are: cervical disc protrusion, right carpal tunnel syndrome - s/p carpal tunnel release, left carpal tunnel syndrome, lumbar disc disease, left-sided sciatica. The stated purpose of the request for Physical therapy 3x4 cervical and lumbar spine was not noted. The request for Physical therapy 3x4 cervical and lumbar spine was denied on June 3, 2014, citing a lack of documentation of derived functional improvement from previous physical therapy nor documentation of current participation in a home exercise program. Per the report dated April 25, 2014, the treating physician noted complaints of pain to the neck, lower back and bilateral hands, with exam findings including cervical tenderness with spasm and restricted range of motion, decreased to both sided fingers, lumbar tenderness and spasm and restricted range of motion, positive left Tinel and Phalen's signs with decreased sensation to the right small finger and left index and middle fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 300.

Decision rationale: The requested Physical therapy 3x4 cervical and lumbar spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy; and CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy; recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the neck, lower back and bilateral hands. The treating physician has documented cervical tenderness with spasm and restricted range of motion, decreased to both sided fingers, lumbar tenderness and spasm and restricted range of motion, positive left Tinel and Phalen's signs with decreased sensation to the right small finger and left index and middle fingers. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met and therefore Physical Therapy 3x4 cervical and lumbar spine is not medically necessary.