

Case Number:	CM14-0104120		
Date Assigned:	07/30/2014	Date of Injury:	03/09/2013
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Interventional Spine 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 59-year-old female with a date of injury of 03/09/2013. The listed diagnoses per [REDACTED] include left moderate carpal tunnel syndrome; cervical degenerative disk disease with left C6 radiculitis; left lateral epicondylitis; left rotator cuff impingement syndrome; and cervical facet arthropathy. According to the report dated 05/22/2014 the patient presents with upper back pain and left carpal tunnel syndrome. The patient is status post left surgery on 05/09/2014 and is progressing well. Examination revealed tenderness to palpation at the C5-7 and C7-T1 and left mid cervical facet joints. Sensation to light touch is decreased over the left thumb, middle finger and over the medial forearm compared to the right. Compression sign, Phalen's and Tinel's are positive. The request is for 6 physical therapies sessions for the cervical spine and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient Physical Therapy (PT) to the left wrist and back three (3) times a week over two (2) weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

Decision rationale: Regarding physical therapy, MTUS Guidelines recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient has received a course of therapy following the left knee surgery. There is no indication the patient has received physical therapy for other body parts. The request for 6 sessions to address the left wrist and low back complaints is within guideline recommendations and is therefore medically necessary.