

Case Number:	CM14-0106333		
Date Assigned:	07/30/2014	Date of Injury:	11/07/2011
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehab and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on 11/7/2011. The mechanism of injury is listed in these records reviewed. The most recent progress note, dated 2/28/2014, indicated that there were ongoing complaints of neck pain radiating to the right upper extremity, bilateral hand numbness and tingling, and low back pain. The physical examination demonstrated cervical spine positive tenderness to palpation of the paracervical and trapezius muscles. There were positive cervical distraction test and positive muscle spasms. Limited range of motion was with pain. Bilateral wrists/hands revealed positive tenderness of the thenar and hypo- thenar muscles, fourth flexor tendon with swelling and slight triggering on the right. There was also positive tenderness on the fifth finger flexor tendon. Lumbar spine had increased tone and tenderness about the paraspinal lumbar muscles, tenderness at the midline for co-lumbar junction and over L5-S1 facet and right greater sciatic notch and positive muscle spasms. Diagnostic imaging studies: MRI of the cervical spine, dated 2/20/2014, revealed mild degenerative changes and disc desiccation from C1-T1. Previous treatment included physical therapy #8 visits, and medication. A request had been made for physical therapy of the cervical and lumbar spine two times a week or four weeks #8, bilateral thumb Spica braces and was not certified in the pre-authorization process on 6/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; eight (8) sessions (two times a week for four weeks), cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 98-99 of 127 Page(s): 98-99 OF 127.

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent 8 sessions of functional restoration therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

Bilateral Thumb Spica Braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand Chapter: Splints.

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

Decision rationale: When treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day, depending upon activity. After review of the medical documentation provided, there is a diagnosis of bilateral carpal tunnel syndrome; however, there is no supporting documentation of such on physical exam or with the diagnostic study. Therefore, this request is deemed not medically necessary.