

Case Number:	CM14-0011925		
Date Assigned:	02/21/2014	Date of Injury:	01/29/2013
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 41-year-old female with date of injury of 01/29/2013. The listed diagnoses per [REDACTED] dated 01/08/2014 are: cumulative trauma disorder (CTD) of the bilateral upper extremities; bilateral carpal tunnel syndrome; and cervical strain. According to the report, the patient continues to have pain in her neck and both shoulders. Overall, she is improved particularly with therapy last November. She also has numbness and tingling in both hands, greatest in the left, little and ring fingers. The physical exam shows there is mild bilateral trapezial tenderness and spasm in the hands. Tinel's is positive at the median nerve on both wrists. There is mild limitation of the cervical spine range of motion with mild discomfort, sensory and motor exam is intact. No upper extremity tenderness was reported. She has full range of motion in all digits on both hands, wrist, and elbows. The utilization review denied the request on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY; TWELVE (12) SESSIONS (3X4), CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with neck and bilateral upper extremity pain. The treater is requesting 12 physical therapy sessions for the cervical spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated 11/20/2013 notes that the patient has received 12 visits recently. In the same report, the therapist documents the patient's has improved with physical therapy and is progressing toward her goals outlined in the initial evaluation. In this case, the patient shows significant improvement while utilizing physical therapy. The patient should be able to start a self-directed home exercise program to increase strength and flexibility. Furthermore, the requested 12 sessions when combined with the previous 12 would exceed MTUS recommendations. Recommendation is not medically necessary.