

Case Number:	CM14-0114235		
Date Assigned:	08/11/2014	Date of Injury:	02/21/2007
Decision Date:	09/11/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 injured worker is a 59 year-old female who was reportedly injured on 2/21/2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 4/29/2014. Indicates that there are ongoing complaints of neck pain that radiates into the left upper extremity. The physical examination demonstrated cervical spine: decreased range of motion. Positive tenderness on the left trapezius. Positive Tinnel's and Phalen's sign both wrists. Muscle strength bilateral upper extremities 5/5 equal bilaterally. No recent diagnostic studies are available for review. Previous treatment includes cervical spinal fusion, bilateral carpal tunnel release, medications and conservative treatment. A request was made for physical therapy of the cervical spine 3 times a week times 4 weeks, electromyogram/nerve conduction velocity of bilateral upper extremity, transportation to office visit for physical therapy, and was not certified in the pre-authorization process on 6/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x/week x 4 weeks (cervical): Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule 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 injured worker has chronic complaints of neck pain. The treating physician has requested #12 sessions of physical therapy which exceeds current guideline recommendations. Without specific rationale for excessive visits this request is not considered medically necessary.

EMG of Bilateral Arms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: After review of the available medical records, the injured worker has a diagnosis of status post cervical fusion. It is noted on physical exam the injured worker does have physical findings of positive Tinnell's and positive Phalen's, but there is no documentation of field conservative treatment. Also patient is status post bilateral carpal tunnel release. As such, this request is not consider medically necessary.

NCV of bilateral Arms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: After review of the available medical records, the injured worker has a diagnosis of status post cervical fusion., It is noted on physical exam the injured worker does have physical findings of positive Tinnell's and positive Phalen's, but there is no documentation of field conservative treatment. Also patient is status post bilateral carpal tunnel release. As such, this request is not consider medically necessary.

Transportation to Office Visits and Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California www.dhcs.ca.gov/services/medi-cal Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: MTUS and ODG guidelines do not address this. Clinical expertise and standards of care have been utilized.

Decision rationale: California Medical Treatment Utilization Schedule and Official Disability Guidelines guidelines do not address this request for transportation to office visits. This request is an administrative request from the treating doctor and is deemed not medically necessary.