

Case Number:	CM14-0120160		
Date Assigned:	09/16/2014	Date of Injury:	05/09/2012
Decision Date:	11/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Internal Medicine, and is licensed to practice in New York. 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 51 year old female security guard with a date of injury of 05/09/2012. While she was on foot patrol, stucco fell from the ceiling and hit her on the head/face. She sustained injuries to her head, neck and both shoulders. On 02/07/2014 it was noted that she had bilateral carpal tunnel syndrome. Carpal tunnel release surgery was requested. On 03/27/2014 she had 8-9/10 neck and shoulder pain. She was in no distress and was unable to participate in the exam. On 10/29/2012 an EMG/NCS study revealed that she had bilateral carpal tunnel syndrome. On 05/29/2014 she had an office visit. She had 8-9/10 neck and shoulder pain. "She was unwilling or unable to participate in the exam." She had bilateral carpal tunnel syndrome on the basis of an EMG/NCS. "Largely, the patient's lack of performance in the exam appears to be motivational." On 07/01/2014 she had 8-9/10 pain of her neck and both shoulders. The cervical spine and shoulder range of motion was decreased. There was a lack of patient effort; she "barely lifted the palms of her hands above waist level." She asked that the door be opened for her. The listed diagnoses included C6-C7 1- 2 mm disc bulge, right C6 radiculopathy, bilateral carpal tunnel syndrome and bilateral acromioclavicular cartilage disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 x a week for 6 weeks for bilateral shoulders and cervical spine, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 5/30/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Neck, Physical therapy and Shoulder, Physical Therapy.

Decision rationale: ODG for neck physical therapy for strain/sprain of neck is a maximum of 10 visits over 8 weeks and for neck pain is a maximum of 9 visits over 8 weeks. ODG for shoulder sprain physical therapy is a maximum of 10 visits over 8 weeks. For shoulder arthritis it is a maximum of 9 visits over 8 weeks. Thus, the requested 12 physical therapy visits are not consistent with the maximum number of physical therapy visits allowed under ODG and MTUS guidelines. Furthermore, the injury was on 05/09/2012 and there was no mention of any treatment or office visits prior to 02/2014. The record is not complete. The injury described on 05/09/2012 would not be a cause of bilateral carpal tunnel syndrome and there is a mix of industrial injury with non-industrial "other" conditions. Furthermore, as noted in ACOEM guidelines for neck and upper back and for shoulder injuries, a purpose of physical therapy is to instruct the patient in a home exercise program and with her lack of compliance or inability to comply with the physical exam, it is unlikely that a physical therapy program would lead to a successful home exercise program. Therefore, this request is not medically necessary.