

Case Number:	CM14-0121703		
Date Assigned:	08/06/2014	Date of Injury:	10/17/2011
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/01/2014

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 52 year old with an injury date on 10/17/11. Patient complains of constant, sharp, and worsening cervical pain that radiates into the upper extremities with pain rated 8/10 per 6/17/14 report. Patient also has frequent bilateral wrist/hand pain rated 6/10, as well as migraine headaches and tension between shoulder blades per 6/17/14 report. Based on the 6/17/14 progress report provided for review the diagnoses are trigger finger and cervicalgia. Exam on 6/17/14 showed "cervical range of motion limited with pain. Numbness/tingling into anteriolateral shoulder/arm correlating with C5/C6 dermatomal pattern. Wrist/hand range of motion full but painful. Diminished sensation in radial digits." The utilization review determination being challenged is dated 7/10/14 and modifies request to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for cervical spine and bilateral wrist/hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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

Decision rationale: MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Given that the patient had 19 sessions of therapy already, the patient should transition into home-based exercise program. The request for 12 physical therapy sessions exceeds what MTUS allows for this type of condition. Therefore, the request for 12 sessions of physical therapy for cervical spine and bilateral wrist/hands is not medically necessary and appropriate.