

Case Number:	CM14-0121914		
Date Assigned:	08/06/2014	Date of Injury:	02/04/2013
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
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 Anesthesia, has a subspecialty in Acupuncture, and Pain Management 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 injured worker is a 61 year old female with a date of injury of 02/04/13 with related cervical spine pain. Per progress report dated 7/8/14, she reported radiation of pain in the upper extremities. There were associated migrainous headaches and tension between the shoulder blades. Pain was rated as 7/10. She also complained of constant, sharp pain in the lower back with radiation to the lower extremities, rated 8/10. There was tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlated with a C6 and C7 dermatomal pattern. The documentation states that physical therapy was approved for the bilateral upper extremities, but it was not documented whether they were completed. Treatment to date has included medication management. The date of UR decision was 7/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions of Physical Therapy visits to the bilateral upper extremities: Upheld

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

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." Per ODG guidelines for carpal tunnel syndrome, which the injured worker is diagnosed with: Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks. The records submitted for review indicate that the injured worker was previously approved on 6/5/14 for 12 physical therapy sessions for the upper extremities. The documentation does not specify whether these sessions were completed, or the result. The request for additional physical therapy is in excess of the guidelines, and is not medically necessary.