

Case Number:	CM14-0130733		
Date Assigned:	09/22/2014	Date of Injury:	06/24/2012
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 60-year-old female who reported an injury on 06/24/2012 after pulling apart electrical pliers. The injured worker reportedly sustained an injury to her right upper extremity. The injured worker was initially treated with conservative therapy to include nonsteroidal anti-inflammatory drug, activity modifications, bracing, acupuncture and physical therapy. The injured worker ultimately underwent surgical intervention to include right cubital tunnel release with postoperative physical therapy. The injured worker developed cervical spine pain. The injured worker was evaluated on 06/25/2014. Cervical spine pain was reported to be 8/10 and constant, exacerbated by repetitive motions. Physical findings included decreased sensation in the C6-7 dermatomal distribution with 4/5 strength in the wrist extensors, biceps, wrist flexors, and finger extensors. It was noted that the injured worker underwent cervical x-rays at that appointment that did not reveal any fractures. The injured worker's diagnoses included cervical discopathy, carpal tunnel double crush syndrome and status post right medial and lateral epicondylar release and cubital tunnel release. The injured worker's treatment plan included physical therapy and an imaging study. The injured worker was again evaluated on 07/30/2014. The injured worker was provided a medication refill. A Request for Authorization for an MRI and physical therapy for the cervical spine was submitted on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical Spine 12 Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested physical therapy cervical spine visits is not medically necessary. The California Medical Treatment Utilization Schedule does recommend up to 10 visits for myofascial, radicular and neuropathic pain. The clinical documentation submitted for review does indicate that the injured worker has radicular pain that has not been conservatively treated to date. Therefore, a course of physical therapy would be supported in this clinical situation. However, the requested 12 visits exceeds the 10 visit guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested physical therapy of the cervical spine for 12 visits is not medically necessary or appropriate.

MRI Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging for cervical injuries for patients with radicular findings upon examination that have failed to respond to conservative treatment. The clinical documentation submitted for review does support that the injured worker has radicular symptoms. However, there is no documentation that the injured worker has undergone any type of physical therapy to address cervical pain complaints. There is no indication within the submitted documentation that the injured worker has undergone any type of conservative treatment for this injury. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.