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| Case Number: | CM14-0185906 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 09/21/2011 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 48 year-old female with the date of injury of 09/21/2011. The patient presents with pain in her neck, radiating down her right arm with profound numbness and tingling in both of her hands. The patient rates her pain as 4-5/10 on the pain scale. The lack of sensation makes it very difficult for the patient to perform daily activities with the use of her hands. There are palpable myofascial spasms in the cervical region and tenderness over the right CMC joint. Per AME report on 05/23/2014, the patient has a 30% loss of cervical spine motion. Her cervical flexion is 51 degrees and cervical extension is 49 degrees. The patient has 18% whole person impairment using grip strength loss. The patient has 4+/5 grip strength bilaterally. Examination reveals positive Tinel's around the right carpal tunnel and left carpal tunnel. The patient is currently working. Diagnoses on 09/12/2014: 1) Status post right common extensor tendon repair; 2) Cervical multilevel disc protrusion from C4-C7; 3) Cervical radiculopathy; 4) Cervical myofascial spasms; 5) Status post cubital tunnel syndrome and ulnar nerve transposition. The utilization review determination being challenged is dated on 10/13/2014. Treatment reports were provided from 03/11/2014 to 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one to two (1-2) times a week for six (6) weeks; twelve (12) sessions:
Upheld

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

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

Decision rationale: The patient presents with pain in his right shoulder. The request is for Physical therapy one to two (1-2) times a week for six (6) weeks; twelve (12) sessions. Review of the reports suggests that right common extensor tendon repair had occurred on 06/11/2013. A current request for 12 sessions of therapy appears outside of post-surgical time-frame. The review of the reports indicates that the patient had at least 6 physical therapy sessions between 04/16/2014 and 09/26/2014. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the initial physical therapy report was provided, with 48% of Oswestry Disability Index, but the final report was not provided. There was no indication of how physical therapy has helped patient in terms of pain reduction or functional improvement. There is no discussion regarding the patient's home exercise program. The treating physician does not mention why the patient requires on-going formalized therapy. Furthermore, the current 12 sessions combined with at least 6 already received would exceed what is recommended per MTUS guidelines. Recommendation is that the request is not medically necessary.