

Case Number:	CM14-0023007		
Date Assigned:	05/14/2014	Date of Injury:	02/08/2010
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 25 year old female who had a work injury dated February 8, 2010. The diagnoses include cervical sprain/strain, history of cervical discopathy, left shoulder bursitis, bilateral upper extremities tendonitis, left worse than right; bilateral carpal tunnel syndrome, bilateral De Quervain's tenosynovitis. There is a request for physical therapy two times a week for the neck and bilateral upper extremities. There is a March 27, 2014 primary treating physician periodic report which states that the patient presents after last being evaluated January 4, 2013. Since that time, she has not been able to fully complete her physical therapy. She had a recent move that she had to go through and she was also sick at some point where physical therapy was discontinued. At this point, she has ongoing complaints of pain in her neck with radiation to both hands more on right than on the left. On physical examination the examination of the cervical spine demonstrates bilateral paraspinal tenderness at C4 through C7, more so on the left than on the right. There is notable spasm. There is tenderness along the bilateral upper trapezii, more so on the left than on the right. There is decreased cervical range of motion. Muscle motor strength was 4+/5 due to pain in the BUE muscles tested. There is decreased sensation in the thumb, index and long finger bilaterally per document. The reflexes in the bilateral arms were intact bilaterally. Lhermitte's sign revealed neck pain bilaterally and the Spurling sign revealed neck pain on the right side. Cervical traction made the patient worse. The bilateral wrist exam revealed tenderness. There is a positive Phalen and Tinel sign bilaterally. There is pain and positive bilateral shoulder impingement signs without instability. There is diffuse tenderness along the biceps and triceps bilaterally, left worse than right as well as along the forearm extensor wad primarily. The provider stated that at this point he had a discussion with the patient and felt that no more can be offered for her. In all likelihood return to work program would be

appropriate. The patient does have non-orthopedic issues that she is working through right now and has requested to be transferred to another physician. A December 6, 2013 primary treating physician document states that on further questioning the patient, she has only completed four sessions of physical therapy over the course of the last year and a half to two that she has had this condition. Her condition has become so chronic that a more extended course of physical therapy will be required and he recommends twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR THE NECK & BILATERAL UPPER EXTREMITIES: 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 documentation indicates that 12 sessions of physical therapy (PT) were authorized between December 20, 2013 and January 31, 2014. Per the documentation the patient states that she has only completed 4 visits of PT. The documentation indicates no functional benefit from prior PT and no objective documentation from her therapy visits. Furthermore, the MTUS recommends up to 10 visits for her condition. The request for physical therapy two times a week for the neck and bilateral upper extremities does not state a duration of treatment. The request is not medically necessary.

ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state that acupuncture is an option if used as an adjunct to physical rehabilitation to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments with the frequency 1-3 times per week. The guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The request as written exceeds the recommended trial of 3-6 treatments initially and if functional improvement is noted this can be extended if needed. There is also no documentation that patient participates in a home exercise program and would be using this as an adjunct to her physical rehabilitation. The request is not medically necessary.