

Case Number:	CM14-0025143		
Date Assigned:	06/11/2014	Date of Injury:	12/01/2004
Decision Date:	12/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 49 year old female with an injury date on 12/01/2014. Based on the 12/13/2013 progress report provided by the treating physician, the diagnoses are:1. Cervical Radiculopathy2. Neuritis NosAccording to this report, the patient complains of neck and shoulder pain with numbness radiating to left arm and bilateral hands. "The patient states that her pain level has not decreased since her last visit and her medication does not help alleviate her pain." Exam findings show left shoulder continues to elicit left neck pain and radiation into the left arm and hand. There were no other significant findings noted on this report. The utilization review denied the request for 12 physical therapy sessions for the carpal tunnel on 02/13/2014 based on the MTUS guidelines. The requesting provider provided treatment reports from 09/12/2013 to 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy carpal tunnel two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS (Carpal Tunnel) Treatment Guidelines

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

Decision rationale: According to the 12/13/2013 report, this patient presents with carpal tunnel. The current request is for 12 physical therapy sessions for the carpal tunnel. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the reports shows no documentation of previous physical therapy sessions; however, there is a note of patient's referral to "Action Physical Therapy" on 09/25/2013 for 8 physical therapy sessions. There is not documentation if the patient had received the 8 sessions in 2013. In this case, a short course of therapy may be reasonable if the patient's symptoms are flared, or for significant decline in function; but there is no documentation of flare-up or a new injury to warrant formalized therapy. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. Furthermore, the treating physician has asked for 12 visits of therapy which exceed what is allowed per MTUS. The request is not medically necessary.