

Case Number:	CM14-0026391		
Date Assigned:	06/13/2014	Date of Injury:	02/01/2011
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 38 year old male who reported injury to the neck on 02/01/2011 secondary to being hit by a pole. He complained of neck pain with numbness and tingling to both arms. Physical examination on 10/30/2013 revealed the cervical spine to have no swelling, tenderness to palpation at the midline, the paracervical regions and the scapular blade. The reflexes to the bilateral upper extremities were biceps 2+, triceps 2+ and muscle strength of the deltoids, biceps, triceps, wrist extensors and intrinsics were 5/5 bilaterally. The progress note dated 02/06/2014 states that the injured worker was happy with how he was doing and that he benefited from his physical therapy. His examination showed no radiculopathy suggested a continued home exercise program. He had a magnetic resonance imaging (MRI) on 11/06/2013 that concluded prominence of the left C7 and T1 transverse process, potentially creating for lateral foraminal narrowing for the left C8 nerve root, no cervical ribs, and straightening of lordosis. The injured worker had diagnoses of cervicgia, stenosis foraminal of C7 bilaterally, carpal tunnel syndrome to wrist, and joint pain at multiple sites. His past treatments were chiropractic care, physical therapy, and home exercise program. The injured worker continued to work. There was no medications listed except the treatment with a medrol dose pack as directed in September. The treatment plan is for physical therapy 10 sessions for bilateral upper extremities and neck. The request for authorization form was not submitted for review. There is no rationale for the request for physical therapy 10 sessions for bilateral upper extremities and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 10 SESSIONS, BILATERAL UPPER EXTREMITIES, NECK:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 130.

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

Decision rationale: The request for physical therapy 10 sessions for bilateral upper extremities and neck is not medically necessary. The injured worker complained of neck pain with numbness and tingling to both arms. His past treatments were chiropractic care, physical therapy, and he continued a home exercise program. CA MTUS chronic pain medical treatment guidelines for physical medicine states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Also that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The progress note dated 02/06/2014 states that the injured worker was happy with how he was doing and that he benefited from his physical therapy. His examination showed no radiculopathy and the suggestion of a continued home exercise program. Documentation does not support the need for physical therapy at this time as the patient has continued to work and examination does not prove otherwise. Therefore, the request for physical therapy 10 sessions for bilateral upper extremities and neck is not medically necessary.