

Case Number:	CM14-0026803		
Date Assigned:	06/13/2014	Date of Injury:	08/17/2012
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 28 year old female with a history of repetitive micro-trauma as a result of her normal duties as a receptionist that culminated on 08/17/2012. Since then, she had a continuous complaint of neck and upper extremity pain. The pain became persistent and mildly increasing in her bilateral upper extremities. The patient specifically has pain in neck, bilateral shoulders, bilateral elbows and bilateral wrists ranging from 4-5/10 (neck) to 3-4/10 (shoulders), 1-2/10 (elbows) to 3-4/10 (wrists) depending upon the body area involved. She underwent an EMG / NCS in November of 2012 that was positive for mild Carpal Tunnel Syndrome. Cervical MRI was essentially normal. The patient has had the benefit of 18 acupuncture visits and 12 physical therapy sessions to address her complaints. In dispute is authorization for additional physical therapy for the neck and bilateral upper extremities a further 2 session per week for 5 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 5 WEEKS TO THE NECK AND BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Therapy Section.

Decision rationale: In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. However, the ODG guidelines specify that 9 visits over an 8 week period is authorized for cervicalgia (neck pain). As the patient has had the benefit of 12 visits, she's already exceeded what is authorized. As there is not documentation of functionality following physical therapy and in particular, in the patient's own words, the fact that the acupuncture was more helpful, no further physical therapy is medically necessary.