

Case Number:	CM14-0027463		
Date Assigned:	06/13/2014	Date of Injury:	08/03/2010
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/04/2014

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 62 year-old with an injury date on 8/3/10. Based on the 2/3/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical degenerative disc disease. 2. Cervical radiculopathy. 3. Left shoulder impingement syndrome. 4. Left shoulder internal derangement. 5. Cervical myofascial pain syndrome. 6. Bilateral carpal tunnel syndrome. Exam of C-spine on 2/3/14 showed "moderate tenderness to palpation at left base of skull, paravertebrals, and left trapezius muscles with spasms. There was increased pain at extremes of range of motion, notably at flexion/extension. The range of motion is limited. Some at left C5 and C6 dermatomal distribution of dysesthesias of the bilateral upper extremities, left greater than right. Positive Tinel's of bilateral wrist at median nerve. In addition, there was increased pain with flexion/extension of both wrists, weak grip strength #+/5 bilaterally." [REDACTED] is requesting physical therapy for twelve (12) sessions for the bilateral upper extremities. The utilization review determination being challenged is dated 3/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/27/13 to 5/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR TWELVE(12) SESSIONS FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Web edition.

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

Decision rationale: This patient presents with left-sided neck pain radiating to left upper extremities to left hand with tingling/numbness. The treater has asked physical therapy for twelve (12) sessions for the bilateral upper extremities on 2/3/14 for "carpal tunnel syndrome." The review of reports shows no recent or planned surgeries, and no prior physical therapy for the upper extremities. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, treater has asked for 12 physical therapy sessions for the bilateral upper extremities which exceeds MTUS guidelines for this type of condition. Therefore, the request for Physical Therapy For Twelve(12) Sessions For The Bilateral Upper Extremities is not medically necessary.