

Case Number:	CM14-0029005		
Date Assigned:	06/16/2014	Date of Injury:	04/20/2006
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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, 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 injured worker is a 58-year-old female who reported an injury on 4/20/06. The mechanism of injury was not provided for review. The injured worker was scheduled for an AME on 1/29/14. The objective findings revealed of the cervical spine tenderness over upper, mid and lower paravertebral muscles and right trapezius. It was noted the range of motion for flexion was 30 degrees, right and left lateral bending was 30 degrees, right and left lateral rotation 40 degrees, and 20 degrees for extension. There was increased pain with cervical motion in all planes and positive for the Spurling's maneuver on the right side. The right shoulder girdle had tenderness at parascapular and trapezius without wings. The right elbow had tenderness to palpation over the medial epicondyle and cubital ulnar. It was positive for the Tinel's sign over the ulnar groove and had positive elbow flexion without ulnar sublation. It was noted there was pain with resisted/repetitive palmar flexion of the wrist. The range of motion was 0-120 degrees with 80 degrees pronation. The right wrist examination revealed tenderness to palpation over the flexor and extensor compartment, and it had a positive Phalen's and nerve and median nerve compression sign. On the neurological examination upper was a patchy-decreased sensation in the bilateral C-6 in the median nerve distribution with some mid depression in the right biceps reflex. The diagnoses included right side cervical radicular syndrome, disc bulge at C5-C6, right rotator cuff tendinitis and impingement syndrome with rotator cuff tear, right medial epicondylitis and cubital tunnel and status post right shoulder arthroscopy with rotator cuff repair biceps tendinitis, Mumford procedure with subacromial decompression. There was no medications listed for the injured worker or VAS scale measurements noted for the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WK X 6 WKS NECK, RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends up to 10 physical therapy visits over 8 weeks the neck and right elbow. The documented report submitted on 1/14/14 had a lack of documentation of the injured worker doing conservative care measures such as a home exercise program or medication management or VAS scale measurements. In addition, there was lack of documentation submitted if the injured worker had undergone prior physical therapy treatments and the outcome. Given the above, the request is not medically necessary.