

Case Number:	CM14-0030214		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2012
Decision Date:	11/10/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pain Medicine and is licensed to practice in Ohio. 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 29-year-old female who reported an injury on 08/29/2012 due to an unknown mechanism. The medical records were reviewed. The diagnoses were carpal tunnel syndrome, right hand; disc protrusion, cervical spine; with right sided cervical radiculopathy. Physical examination on 02/12/2014 revealed complaints of right hand and neck pain that radiated into the right upper extremity. The examination of the cervical spine revealed right sided tenderness and spasm. Flexion was to 40 degrees, extension was to 20 degrees, rotation to the right and left was to 60 degrees, and lateral bending to the right and left was to 20 degrees. Pain was reproduced with motion, with radiation of pain into the right upper extremity. Weakness was noted in the wrist extensor of the right upper extremity. Decreased sensation was present in the index and middle fingers of the right hand. Phalen's and Tinel's signs were positive. The treatment plan was for electrodiagnostic testing, an MRI scan of the cervical spine, and physical therapy. Medications were Anaprox, Norco, and Protonix. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the Right Hand: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The decision for 12 physical therapy visits for the right hand is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The injured worker is expected to have transitioned to a home exercise program. Reasons why a home exercise program could not be continued for further gains were not reported. Previous physical therapy outcomes were not reported. The clinical information submitted for review does not provide evidence to justify 12 physical therapy visits for the right hand. Therefore, this request is not medically necessary.