

Case Number:	CM14-0038124		
Date Assigned:	06/25/2014	Date of Injury:	09/07/1999
Decision Date:	09/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: Medical Records reflect the claimant sustained a work related injury dated 9-7-99. The claimant has been provided with a diagnosis of cervicalgia and carpal tunnel syndrome. The claimant is currently being managed with Motrin and Norco. She performs a home exercise program. The claimant is retired. The claimant had an EMG/NCS dated 8-21-13 that showed bilateral carpal tunnel syndrome, severe on the right and mild on the left and possible early Guyon entrapment. On 1-23-14, the claimant underwent carpal tunnel release. She has been provided with postop physical therapy and physical therapy to the cervical spine. On 6-4-14, the claimant underwent right thumb flexor tenovagotomy for triggering thumb with basal joint fusion.

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 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical spine - physical therapy chapter.

Decision rationale: The Expert Reviewer's decision rationale: Medical Records reflect the claimant sustained a work related injury dated 9-7-99. The claimant has been provided with a diagnosis of cervicgia and carpal tunnel syndrome. The claimant is currently being managed with Motrin and Norco. She performs a home exercise program. The claimant is status post carpal tunnel release on 1-23-14, status post right thumb flexor tenovagotomy for triggering thumb with basal joint fusion on 6-4-14. There is a request for physical therapy 2 x 4 weeks to the cervical spine. MTUS treatment guidelines, pages 98 and 99 reflect that one should allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. There is an absence of documentation noting that this claimant cannot continue with her home exercise program or that supervised physical therapy is required for the cervical spine pain complaints. Additionally her physical exam does not support any significant findings other than tenderness at the cervical spine that would support formal physical therapy now, so far removed from the original injury. Therefore, this request is not medical necessity.