

Case Number:	CM14-0045940		
Date Assigned:	07/02/2014	Date of Injury:	10/21/2011
Decision Date:	07/31/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 Management 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:

This is a female patient with the date of injury of November 25, 2007. A Utilization Review was performed on April 8, 2014 and recommended non-certification for 12 physical therapy sessions for the cervical, lumbar spine, and right wrist. It was also noted that the patient completed 12 visits of physical therapy in late 2013. A Follow-up Report dated March 6, 2014 identifies subjective findings of continued chronic neck and lower back pain radiating into the upper and lower extremities. She also continues to have right wrist pain, status post right carpal tunnel release surgery previously. The physical examination identifies spasm, tenderness and guarding noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. Decreased sensation is noted over the C6 and L5 dermatomes bilaterally. She is unable to move the fifth digit of the right hand and it is cool to touch. It also feels very stiff. Significantly reduced grip strength is noted. The skin is mottled over the finger. The diagnoses include carpal tunnel syndrome, cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, and wrist tendinitis/bursitis. The recommendation was for 12 sessions of physical therapy for the cervical spine, lumbar spine, and right wrist to reduce pain and increase range of motion and functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the cervical and lumbar spine and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back chapter, brachia neuritis or radiculitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy; Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for 12 physical therapy sessions for the cervical and lumbar spine and right wrist, the California MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend up to 12 visits for the cited neck and lower back conditions, and 3-5 visits over 4 weeks after carpal tunnel surgery, with a maximum of 8 visits. Within the documentation available for review, the patient has 12 previous sessions. However, there is no indication of any objective functional improvement from the therapy already completed, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Finally, the currently requested number of visits exceeds the maximum number recommended by guidelines. In the absence of clarity regarding those issues, the current request for 12 physical therapy sessions for the cervical and lumbar spine and right wrist is not medically necessary.