

Case Number:	CM14-0050762		
Date Assigned:	07/02/2014	Date of Injury:	09/10/2011
Decision Date:	08/21/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/16/2014

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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury with date of injury on 09/10/11 when she developed hand pain radiating to the upper back and neck while working as a baker. Symptoms progressed over 3-4 months before filing her work injury claim. She continues to be treated with a diagnosis of cervicobrachial syndrome. Testing has included EMG/NCS testing in November 2012 reported as showing mild right ulnar neuropathy and an MRI of the cervical spine on 01/25/13 showing moderate multilevel disc degeneration with left greater than right-sided moderate foraminal stenosis at C6-7. Prior treatments have included 12 sessions of occupational therapy in October 2011. She was evaluated for physical therapy on 07/30/13. As of 09/03/13, she had attended 11 treatments sessions. Therapeutic content included instruction in a home exercise program. She was discharged from physical therapy on 12/20/13 after having completed all 12 authorized visits. She had achieved 50% of her short-term goals which included being independent with a home exercise program. The requesting provider saw her on 01/09/14. She was having ongoing neck and bilateral upper extremity pain. She was having difficulty sleeping. There had been a decrease in her activity level. Medications were working well and were nabumetone, Ultram, and Prilosec. The assessment references the claimant as finding therapy helpful when performing exercises. Her therapist had recommended additional therapy. Physical examination findings included decreased cervical spine range of motion with tight and tender cervical and trapezius muscles. There were arthritic changes of the fingers with joint tenderness and allodynia of the left hand. There was left hand swelling with positive Finkelstein's and Tinel's testing. Strength was 5-/5 or greater. There was decreased left upper extremity sensation. An additional six sessions of physical therapy was requested. Medications were continued. She was to continue

using TENS. There was consideration of a cervical epidural injection. Diagnoses were a cervical strain, radiculopathy, ulnar neuropathy, carpal tunnel syndrome, and osteoarthritis of the hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Physical Therapy (PT) for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Physical Therapy Guidelines Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic)(Not including "Carpal Tunnel Syndrome"), Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Neck and Upper Back (Acute & Chronic), Physical therapy.

Decision rationale: The claimant is now nearly 3 years status post work-related injury and continues to be treated for chronic cervical and upper extremity pain. Treatments have included several courses of therapy including instruction in a home exercise program. There is no identified new injury or impairing event. Both the prior and recent therapy treatments have included a home exercise program and patients are expected to continue active therapies at home in order to maintain improvement levels. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands, therapeutic, and self-applied modalities in addition to the TENS that the claimant already uses. Providing additional skilled physical therapy services again would promote dependence on therapy-provided treatments and does not reflect a fading of treatment frequency. Therefore, the request is not medically necessary.