

Case Number:	CM14-0062848		
Date Assigned:	07/11/2014	Date of Injury:	09/21/2011
Decision Date:	08/12/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 Interventional Spine 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 patient is a 48 year old with an injury date on 9/21/11. Patient complains of pain in her right elbow, and chronic daily discomfort in the neck that is spasm-like per 3/11/14. Patient has intermittent radiating pain down the right upper extremity with worsening numbness in bilateral hands per 3/11/14 report. She is having difficulty in feeling objects when holding them, and slight weakness in her hand grip per 3/11/14 report. Based on the 3/11/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p right common extensor tendon repair 2. cervical radiculitis 3. cervical disc protusion 4. s/p cubital tunnel syndrome and ulnar nerve transposition Exam on 3/11/14 showed as with prior exams, cervical myofascial spasms present, mild tenderness is present around C5 with deep palpation. Limitations with lateral rotation and lateral flexion by 20 degrees bilateral in the cervical region. 2/2 sensation to light touch/pinprick in both upper extremities proximally with sensation to light touch and pinprick along the right/left hand in generalized distribution. Diminished biceps tendon and triceps tendon reflexes bilaterally at 2/4, brachioradialis is 2+/4 and symmetric. Spurling's test negative. Tinel's is negative along cubital tunnel and carpal tunnel. [REDACTED] is requesting physical therapy one to two times per week for six weeks. The utilization review determination being challenged is dated 4/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/28/14 to 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - one to two (1-2) times per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 98-99.

Decision rationale: This patient presents with neck pain, elbow pain, hand numbness and is s/p right lateral epicondyle and repair from 11/13/13. The treating physician has asked for physical therapy one to two times per week for six weeks on 3/11/14. Patient had 10 physical therapy sessions for her elbow from 12/2/13 to 3/10/14 but no recent physical therapy for the C-spine. In the 1/28/14 report, a hand/wrist/elbow specialist stated that the chronic pain/paresthesias in both hands was not coming from distal upper extremity but rather more cervical in origin. Patient does have multilevel broad-based disc protrusion that is causing neuroforaminal narrowing bilaterally in the cervical spine per 1/28/14 report. The treating physician is requesting a cervical epidural steroid injection accompanied by physical therapy to establish a home exercise program. California Medical Treatment Utilization Schedule (MTUS) guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient already had post-operative physical therapy for the elbow, but treater is now asking for physical therapy for the cervical spine since patient's hand paresthesias appear to be originating from that region. Give lack of recent physical therapy for the cervical spine, a course of 10 physical therapy treatments would be reasonable, but the requested 6-12 sessions of physical therapy exceeds MTUS guidelines. The requested treatment is not medically necessary and appropriate.