

Case Number:	CM14-0081628		
Date Assigned:	07/18/2014	Date of Injury:	07/03/2010
Decision Date:	09/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 injured worker is a 55-year-old female who reported an injury on 07/03/2010, secondary to a fall. The current diagnoses include cervical disc disease with radiculopathy, right thoracic outlet syndrome, ulnar neuropathy, right shoulder adhesive capsulitis, right shoulder AC arthritis, right shoulder rotator cuff tear, carpal tunnel syndrome, cervical dystonia, vitamin D deficiency, status post right rotator cuff repair, low back pain, sciatica, occipital tendinitis, anxiety/depression, CRPS in the right upper extremity, and trigger thumb. The latest physician progress report submitted for this review is documented on 03/13/2014. It is noted that the injured worker has been previously treated with physical therapy. The injured worker reports persistent pain in the right side of the neck, thoracic outlet, and upper back with radiation into the right upper extremity. It is also noted that the injured worker is pending authorization for a scalene block. The injured worker reported mild tingling in the last 3 fingers of the right hand. The injured worker continues to utilize a TENS unit on a daily basis. The current medication regimen includes ibuprofen 600 mg. Physical examination revealed limited wrist extension; limited right shoulder range of motion; weakness; diminished Semmes-Weinstein monofilament testing in the right 5th finger; diminished sensation in the C6 distribution of the bilateral upper extremities; positive straight leg raising; diminished sensation in the right lower extremity; and absent Achilles reflexes bilaterally. Treatment recommendations at that time included continuation of the current medication regimen, continuation of a sling and a right thumb brace, a stellate ganglion block, and continuation of a TENS unit. Authorization was also requested for physical therapy once per week for another 6 weeks, lumbar spine films, and a repeat EMG/NCS of the upper extremities and lower extremities. A Request for Authorization form was then submitted on 03/13/2014 for physical therapy once per week for 6 weeks, lumbar spine x-rays, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 6 weeks = 12 Total, Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and upper back, Shoulder.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has been previously treated with physical therapy. However, there was no documentation of a significant functional improvement. There was also no documentation of a musculoskeletal or neurological deficit with regard to the cervical spine that would warrant the need for skilled physical medicine treatment. As such, the request is not medically appropriate.