

Case Number:	CM14-0097368		
Date Assigned:	07/28/2014	Date of Injury:	11/17/2009
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old female with a work injury dated 11/17/09. The diagnoses include bilateral carpal tunnel syndrome, rule out bilateral ulnar nerve entrapment neuropathy, cervicothoracic spine, and rule out cervical radiculopathy. Under consideration is a request for twelve (12) sessions of Physical Therapy for the Cervical and Thoracic Spine. There is a primary treating physician report dated 5/21/14 that states that the patient complain of continuous pain in her neck with pain that radiates into her upper back 7/10. She complains of intermittent pain in her right and left shoulder 6/10 and in her right and left elbows. The patient complains of frequent pain in her right and left wrist, hand, and tingling in her left fingers. On exam there is muscle spasm in the cervical paraspinal muscles. There is a positive Phalen's and Durken's compression test. The Katz Hand Diagram score reveals classic patterns of bilateral carpal tunnel syndrome. There is muscle guarding/spasm present. There is paraspinal musculature tenderness to palpation. The treatment plan includes EMG/NCV of the upper extremities, MRI of the neck and thoracic spine, Motrin, braces, physical therapy for the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of Physical Therapy for the Cervical and Thoracic Spine: Upheld

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

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

Decision rationale: Twelve (12) sessions of Physical Therapy for the Cervical and Thoracic Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient had had 24 therapy visits in the past which far exceeds guideline recommendations. The patient should be versed in a home exercise program. There is no documentaton submitted of efficacy of prior therapy. The request for 12 sessions of physical therapy for the cervical and thoracic spine is not medically necessary.