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| Case Number: | CM14-0166365 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 07/30/2014 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 07-30-2014. A review of the medical records indicates that the worker is undergoing treatment for probable overuse syndrome, chronic neck pain, probable cervical spondylosis, right shoulder tendonitis, possible bilateral carpal tunnel syndrome, myofascial pain in the neck, shoulder and arms and right shoulder tendonitis. The only medical documentation submitted is a doctor's first report of illness of injury dated 09-05-2014. On 09-05-2014, the injured worker reported arm, wrist, neck and low back pain with some swelling in the hands. Objective findings showed restricted range of motion of the cervical spine and right shoulder, positive Spurling's test, restricted lateral flexion of the cervical spine with pain radiating down the right arm, diffuse tenderness to palpation from C3-C7, tenderness and spasms of the bilateral trapezii, positive impingement signs of the right shoulder and tenderness of the bicipital and supraspinatus tendons and positive Phalen's test of both carpal tunnels. Treatment has included Advil, wrist splint, 12 sessions of chiropractic therapy and neck exercises, which were noted to have failed to relieve symptoms. The physician noted that a course of physical therapy to include cervical traction was recommended. Documentation indicates that physical therapy had not been previously received. A utilization review dated 09-18-2014 modified a request for cervical, right shoulder and bilateral wrist physical therapy 2x3 to certification of 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for The Cervical Spine, Right Shoulder and Bilateral Wrist 2 Times A Week for 3 Weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with arm, wrist, neck and low back pain with some swelling in the hands. The current request is for Physical Therapy for the cervical spine, right shoulder, and bilateral wrist 2 times a week for 3 weeks. The treating physician states, in a report dated 09/05/14, "RFA: Physical therapy, twice a week for three weeks." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The request for 6 sessions is supported by the MTUS guidelines, as there is no documentation of prior physical therapy. The current request is medically necessary.