

Case Number:	CM14-0170373		
Date Assigned:	11/14/2014	Date of Injury:	05/13/2014
Decision Date:	01/12/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 23 year old male with an injury date on 05/13/2014. Based on the 09/16/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical spine radiculopathy 2. Cervical spine pain 3. R/O cervical disc displacement (HNP) 4. R/O right shoulder rotator cuff tear 5. Right elbow lateral epicondylitis 6. Status post upper indicator internal fixation, with residual pain 7. Status post right forearm crush injury 8. R/O right wrist triangular fibrocartilage tear 9. Thoracic spine sprain/strain 10. R/O thoracic spine HNP 11. Low back pain 12. Radiculitis, lower extremity 13. R/O lumbar disc displacement HNP. According to this report, the patient complains of frequent to constant, moderate to severe "sharp, stabbing, radicular neck pain and muscle spasms, greater on the right side." Pain is aggravated by looking up, looking down, and side to side as well as by repetitive motion of the head and neck. The patient also complains of burning right shoulder pain and burning right elbow pain that is an 8/10. Physical exam reveals tenderness to palpation at the suboccipital muscles, scalenes, trapezius muscles, supraspinatus, infraspinatus muscles, and right AC joint. Cervical range of motion is restricted. Cervical Distraction test and Maximal Foraminal Compression Test are positive. Sensation to pinprick and light touch is decreased over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. There were no other significant findings noted on this report. The utilization review denied the request for physical therapy for the right upper extremity on 10/02/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/28/2014 to 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right upper extremity: Upheld

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

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

Decision rationale: According to the 09/16/2014 report, this patient presents with frequent to constant, moderate to severe "sharp, stabbing, radicular neck pain and muscle spasms." Per this report, the current request is for physical therapy for the right upper extremity. The Utilization Review denial letter states "Request is for PT RUE 3x6. IW has had unknown prior sessions. No documented reinjured and has already had an unknown course of similar therapy without documented sustained functional improvement." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, per UR and the 09/16/2014 report, the request is for 18 sessions of physical therapy. MTUS guidelines recommend up to 10 sessions for myalgia and neuralgia. The request for 18 sessions exceeds what is allowed per MTUS. The request is not medically necessary.