

Case Number:	CM14-0191358		
Date Assigned:	11/25/2014	Date of Injury:	04/26/2013
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine 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:

This is a 57 year old male patient who sustained a work related injury on 4/26/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include carpal tunnel syndrome bilaterally with cubital tunnel syndrome and cervical stenosis. Per the doctor's note dated 10/6/14, patient has complaints of right arm numbness with intermittent numbness, tingling and weakness to the right hand and arm and pain and difficulty to perform activities of daily living that included lifting, tactile discrimination, driving, defecating and standing. Physical examination revealed mild tenderness to palpation to the cervical paraspinal, range of motion of the cervical spine was 50 percent of normal and muscle test was 5/5 on all planes. The past medical history include bilateral carpal tunnel syndrome. The patient had used nightly wrist splints. The current medication lists include Androgel, Benazepril Hydrochloride, Ibuprofen, Losartan, Metoprolol, Norco, Simvastatin, Tramadol and Aspirin. The patient has had radiographs dated 10/06/14, that revealed multilevel degenerative changes; magnetic resonance imaging (MRI) dated 10/19/14 that revealed multi level degenerative disc disease with moderate central stenosis to moderate severe stenosis at C4-5 and C5-6; an EMG/NCS that revealed cervical radiculopathy; left knee surgery; 1980 appendix removal; 1992 right wrist fracture; I & D of the right clavicle 04/2013. His surgical histories include bilateral steroid injection on the bilateral carpal tunnel and bilateral shoulder. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of the PT visits for this injury. The patient had physical therapy, but discontinued due to shoulder numbness. The patient has participated in 2 sessions of PT for the shoulder, and 5 sessions of PT for the knee and his arm went numb during the 2 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy (PT)

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". The patient has received an unspecified number of the PT visits for this injury. The patient had started a course of physical therapy, but it was discontinued due to shoulder numbness. The patient has participated in 2 sessions of PT for the shoulder, and 5 sessions of PT for the knee and his arm went numb during the 2 sessions of therapy. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy three times a week for four weeks for the cervical spine is not fully established for this patient.