

Case Number:	CM14-0191921		
Date Assigned:	11/25/2014	Date of Injury:	04/26/2010
Decision Date:	01/12/2015	UR Denial Date:	10/27/2014
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 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 55 year old female with an injury date on 04/26/2010. Based on the 10/14/2014 handwritten Doctor's First report provided by the treating physician, the diagnoses are: 1. Lumbar strain; 2. Cervical strain; 3. Bilateral carpal tunnel syndrome; 4. Bilateral rotator cuff tendinitis. According to this report, the patient complains of "sharp neck pain traveling to hands. She is complaining of activity-dependent 6/10 stabbing left wrist on/off pain radiating to forearm to shoulder & hands, digits." Examine findings show "JAMAR, Right, 8, 8, 7 kg. Left 0, 0, 0, kg. Left hand mildly swollen." Neer's Impingement Test and Hawkins-Kennedy Impingement are positive bilaterally for the shoulders. Phalen's and Durkan's median compression tests are positive for both wrists. There were no other significant findings noted on the records. The utilization review denied the request for "start physical therapy 6 visits for cervical spine, lumbar and wrists" on 10/27/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 10/14/2014 to 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Start PT 6 visits C spine, lumbar, wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

Decision rationale: According to the 10/14/2014 handwritten report, this patient presents with neck pain which radiates to hands. Per this report, the current request is for to start physical therapy 6 visits for cervical spine, lumbar and wrists. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS, page 8, requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.