

Case Number:	CM14-0193000		
Date Assigned:	11/26/2014	Date of Injury:	10/20/1999
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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 & 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 54 year old male with an injury date on 10/20/1999. Based on the 10/02/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical stenosis at C5-6 and C6-72. Right lumbar radiculopathy3. Status post bilateral carpal tunnel release4. Status post bilateral ulnar nerve release5. Status post left shoulder surgery6. History of severe GI pathology, including rectal bleedingAccording to this report, the patient complains of persistent bilateral shoulder pain with numbness and tingling in his bilateral upper extremities. Physical exam indicates the "Deltoid, biceps, internal and external rotators. Wrist flexors and extensors are 4+/5 bilaterally. TA, FHL, Inversion and eversion are 4+/5 bilaterally." There was no other exam findings noted on this report. The utilization review denied the request for physical therapy for the right upper extremity 8 visits on 11/12/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 02/13/2014 to 10/02/2014.

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 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the 10/02/2014 report, this patient presents with bilateral shoulder pain. Per this report, the current request is for Physical Therapy for the right upper extremity 8 visits. For physical medicine, the MTUS guidelines pages 98, 99 stated for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis are 8-10 visits. Review of the 06/09/2014, 08/08/2014, and 10/02/2014 reports show that the treating physician "Continue to request physical therapy for the neck, back and upper extremities at two times a week for four weeks in an attempt to help decrease his pain, increase his strength, increase his range of motion, and increase his activity level." However, the treating physician did not provided discussion regarding the patient's progress from prior therapy or the treatment history. The treater did not indicate a rationale for additional therapy such as a flare-up, decline in function, a new injury, etc. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the request is not medically necessary.