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| Case Number: | CM14-0193550 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 10/20/1999 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/11/2014 |
| 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 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 54 year old male with an injury date of 10/20/99. Based on the 10/02/14, and 08/08/14 progress report provided by treating physician, the patient complains of neck and bilateral shoulder pain and spasm rated 3-8/10, with numbness and tingling to the upper extremities. Physical examination to the cervical spine revealed tenderness to palpation to the bilateral paraspinals, and pain on facet loading. Patient is status post bilateral carpal tunnel syndrome 3 years ago. Patient has had 5 chiropractic and 24 acupuncture visits; and is on home exercise program. Patient's medications include Pamelor, Flexeril, Tramadol and Senna. Treater is requesting physical therapy for the neck, back and upper extremities "to help decrease his pain, increase his strength, increase his range of motion, and increase his activity level." Patient last worked 10/20/99. Diagnosis 08/08/14, 10/02/14:- Cervical stenoses.- Right lumbar radiculopathy.- Status post bilateral carpal tunnel release.- Status post bilateral ulnar release.- Status post left shoulder surgery.- History of severe GI pathology, including rectal bleeding. The utilization review determination being challenged is dated 11/11/14. The rationale is "No clinical indication for additional physical therapy to treat carpal tunnel syndrome or bilateral cubital tunnel syndrome." Treatment reports were provided from 06/09/14 - 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the left upper extremity: Overturned

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: MTUS guidelines state the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. "For Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater is requesting physical therapy "to help decrease his pain, increase his strength, increase his range of motion, and increase his activity level." Patient has had 5 chiropractic and 24 acupuncture visits; and is on home exercise program. Review of available reports do not show patient has had physical therapy, at least from 06/09/14. Given that it has been awhile and the patient's persistent symptoms, another short course of 8 sessions would appear reasonable to address the patient's symptoms to the left upper extremity. The request is medically necessary.