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| Case Number: | CM14-0197714 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 01/03/2005 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Rehab 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 injured worker is a sixty-seven year old female who sustained a work-related injury on January 3, 2005. A request for six physical therapy sessions to the cervical spine and bilateral shoulders and wrists was non-certified in a Utilization Review (UR) on November 14, 2014. The UR physician utilized the California MTUS Chronic Pain Treatment Guidelines and the Official Disability Guidelines (ODG) when making the determination. The CA MTUS recommends physical medicine in certain situations and the ODG recommends medical treatment for cervical sprain/strain and for shoulder sprain/strain for 10 visits over 8 weeks and for carpal tunnel syndrome for 1-3 visits over 3-5 weeks. The injured worker's condition was defined as permanent and stationary on June 15, 2014 with future medical care to include physical therapy for exacerbation. The UR physician found that the submitted documentation provided no reports of a recent flare-up or exacerbation of symptoms to support a return to physical therapy rehabilitation. A request for independent medical review (IMR) was initiated on November 17, 2014. The documentation submitted for IMR revealed that he injured worker had a left carpal tunnel release on June 10, 2005 and a right carpal tunnel release on March 18, 2006. The last physical therapy treatment the injured worker received was in 2010. The documentation indicates that the injured worker was declared permanent and stationary on June 15, 2010. In September 24, 2014 the injured worker reported increasing pain in the cervical spine which she rated a 3 on a 10-point scale and had numbness and tingling in the hands and fingers. Her shoulder pain was rated a 1 on a 10-point scale and her bilateral wrist pain was rated a 1 to 5 on a 10-point scale. An examination on September 24, 2014 revealed tenderness to palpation on the cervical spine and let paravertebral muscles. There was decreased sensory and motor power testing in the upper extremities and decreased range of motion in the left and right shoulders. There was decreased range of motion in the right and left wrists. A physician's progress report

dated November 4, 2014. The evaluating physician documented that the injured worker complained of cervical spine pain which was rated a 6 on a 10-point scale. The injured worker complained of bilateral upper extremity radicular pain. The injured worker complained of bilateral shoulder pain and bilateral wrist pain which she rated a 5 on a 10-point scale. The reported noted that the injured worker had weakness in both wrists and the recommended an EMG of the wrists to evaluate for residual carpal tunnel syndrome and also an EMG of the upper extremities to evaluation for cervical radiculopathy. Other recommended treatment included injections, acupuncture and physical therapy. The evaluating provider documented no functional changes or treatment since the previous visit on September 23, 2014. The injured worker's work status was defined as Temporary Total Disability for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (cervical/bilateral shoulders/wrists): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request for physical therapy (cervical/bilateral shoulders/wrists) is not medically necessary and appropriate.