

Case Number:	CM14-0203161		
Date Assigned:	12/15/2014	Date of Injury:	04/26/2014
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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:

This is a 57 year old female who suffered an industrial related injury on 4/26/14. The treating physician's report dated 5/5/14 noted that the patient had complaints of right shoulder and right arm pain. The patient was taking Motrin and Tramadol as needed. Diagnoses included right shoulder muscle strain, right upper arm muscle strain, and cervical radiculopathy. The patient was on modified duty. A physician's report dated 11/5/14 states that the patient continues to complaints of pain in the shoulder and neck. Treatment history has included physical therapy, exercise, medications and hot packs. Physical examination findings revealed negative Tinel's signs at the bilateral wrists and the right elbow. There is negative Phalen's sign at bilateral wrists. Sensation, motor response, and reflexes were noted to be normal. Electromyography results revealed findings were consistent with bilateral moderate to severe carpal tunnel syndrome right worse than left. Bilateral ulnar neuropathy at the elbow right worse than left was noted. On 11/5/14 the utilization review (UR) physician denied the request for physical therapy 3 times per week for 6 weeks for the cervical spine. The UR physician noted there is insufficient information regarding any home exercises or response to recently prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks to the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with continues with neck, right shoulder, right wrist and elbow pain. The current request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS TO THE CERVICAL SPINE. The MTUS guidelines page 98-99 recommends for myalgia, myositis and neuralgia type symptoms 9-10 sessions over 8 weeks. The patient's treatment history includes physical therapy. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the requested 18 sessions exceeds what is recommended by MTUS. Furthermore, there is no discussion as to why the patient would not be able to transition into a self-directed home exercise program. This request IS NOT medically necessary.