

Case Number:	CM14-0206221		
Date Assigned:	12/18/2014	Date of Injury:	03/06/2006
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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, 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 39 year old female with an injury date of 03/06/06. Based on the 08/07/14 progress report, the patient complains of left wrist/ hand pain which she rates as an 8/10, right wrist/ hand pain which she rates as a 7/10, and cervical pain which she rates as a 7/10. Cervical spine range of motion is limited with pain and there is spasm of the cervical trapezius/cervical paraspinal musculature. Based on the 10/21/14 progress report, the patient complains of diminished sensation median nerve distribution left and right. No additional positive exam findings were provided. The patient's diagnoses include the following: Status post bilateral carpal tunnel release Rule out recurrent upper extremity compression neuropathy Rule out cervical radiculopathy The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 08/07/14-10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times per week for four (4) weeks to bilateral wrists/hands and cervical spine: Upheld

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: The patient presents with left wrist/hand pain, right wrist/hand pain, and cervical pain. The request is for physical therapy 3 x 4 to bilateral wrists/hands and cervical spine. Review of the reports does not indicate if the patient has had any prior physical therapy for her bilateral wrists/hands and cervical spine. MTUS pages 98 through 99 have 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." MTUS Guidelines page 98 and 99 also state that for "myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." It does not appear as though the patient has had any recent physical therapy sessions or any recent surgery. The provider is requesting for a total of 12 sessions of therapy which exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy for the bilateral wrists/hands and cervical spine is not medically necessary.