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| Case Number: | CM14-0029681 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 08/04/2010 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Internal Medicine 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 injured female worker suffered a work related injury on 08/04/2010. The injured worker was originally diagnosed with right carpal tunnel release and continues to have cervical pain, especially on the right side along the right shoulder and arm pain, where she experiences tingling and swelling. In a physician note dated 12/20/2013 documents that pain is constant, burning, dull/aching, throbbing with weakness and tiring. On a good day the pain is rated 4/10, and on a bad day pain is 8/10. Symptoms are made worse with cold, activity, lying down and walking. Previous treatments have included medications, physical therapy, and psychiatrist/psychologist. The Magnetic Resonance Imaging revealed two herniated discs at Cervical 5-6, and Cervical 6-7. The injured worker reports decreased pain intensity due to completing 6 session of physical therapy. Her biggest complaint is her worsening numbness, tingling, weakness and pain involving the right upper extremity and extending to the fingertips. She has been dropping items more frequently. Her sleep is now affected. Diagnoses include pain in forearm, upper arm, and shoulder region, brachial neuritis or radiculitis, cervicalgia, intervertebral cervical disc disease with myelopathy cervical region and degeneration of cervical intervertebral disc. Treatment request is for physical therapy for the right upper arm, forearm and shoulder. The Utilization Review dated 01/09/2014 non-certified the request for physical therapy for the right upper arm, forearm and shoulder. There was no documented reinjury. Based on the fact that the injured worker is well past the subacute healing phase and has already had adequate course of similar therapy without documented sustained functional improvement and without new hard clinical indication for need for additional extensive therapy, according to Medical Treatment Utilization Schedule-Shoulder and forearm/wrist/hand Treatment Guidelines the request is not medically necessary.

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 arm, forearm, and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Medical Treatment Utilization Schedule -- Definitions.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document a date of injury of August 4, 2010 and carpal tunnel release surgery performed on January 4, 2011. The patient has received 32 treatments of physical therapy since the surgery. The progress report dated December 20, 2013 do not document clinically significant improvement in activities of daily living, reduction in work restrictions, or a reduction in the dependency on continued medical treatment, with six recent physical therapy treatments. MTUS guidelines allow for up to 10 physical therapy visits. Functional improvement, as defined by MTUS, has not been demonstrated. The patient has received over 32 physical treatments in the past. The request for additional physical therapy treatments would exceed MTUS guideline recommendations and is not supported. Therefore, the request for Physical Therapy for the Right Upper Arm, Forearm, and Shoulder is not medically necessary.