

Case Number:	CM14-0044466		
Date Assigned:	05/22/2015	Date of Injury:	12/01/2004
Decision Date:	11/10/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female has a date of injury on 12-01-04. A review of the medical records indicates that the injured worker is undergoing treatment for neck and left wrist carpal tunnel syndrome. On 2-13-14 she reported 80-85% pain relief after cervical epidural steroid injection and bending and turning makes the pain worse. Progress report dated 3-13-15 reports flare of up of neck pain with radiation of pain in the left upper extremity with tingling, numbness and paresthesia. The pain is rated 4-5 out of 10. The pain is made worse with bending, turning, and extending her neck. Objective findings: diminished sensation to light touch along medial and lateral border of the left forearm. Paravertebral muscle spasm and localized tenderness in lower cervical and left supraclavicular region. Cervical spine and left elbow range of motion are restricted. MRI scan of the cervical spine in 2006 revealed disc disease at C5-6. Treatments include: medications, physical therapy, injections, right hand carpal tunnel release was performed 5-20-10. According to the medical records did physical therapy in April 2014. Request for authorization dated 3-13-14 was made for 12 sessions of physical therapy. Utilization review dated 3-20-14 modified the request to 2 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 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 PT in a patient that has been instructed on a home exercise program for this chronic 2004 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 12 Sessions of Physical Therapy is not medically necessary and appropriate.