

Case Number:	CM14-0068314		
Date Assigned:	05/01/2015	Date of Injury:	01/02/2014
Decision Date:	06/23/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/13/2014

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: Preventive Medicine, Occupational Medicine

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 (IW) is a 55-year-old female who sustained an industrial injury on 01/02/2014 due to repetitive hand and arm movements. Diagnoses include bilateral carpal tunnel syndrome, bilateral forearm strain, trapezius muscle spasms and rule-out cervical radiculopathy. Treatment to date has included NSAIDs, Norco, physical therapy and splinting. According to the progress notes dated 4/16/14, the IW reported bilateral hand pain, right neck and arm pain and left forearm pain. She also complained of numbness and tingling in her arms and hands and hand weakness. She was unable to extend her right thumb and had burning pain in her palms. On examination, there was tenderness to palpation over the cervical region and the bilateral volar forearms. There was positive Tinel's sign bilaterally, muscle strength 4/5 in the bilateral arms and hands and the right thumb could not extend fully. A request was made for 12 initial physical therapy visits for the cervical spine, 2 times a week for 6 weeks, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Physical Therapy Visits For The Cervical Spine, 2 Times A Week For 6 Weeks, As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. There is no documentation of a recent cervical surgery for the injured worker. The request for 12 initial physical therapy visits for the cervical spine, 2 times a week for 6 weeks, as an outpatient, exceeds the recommended guidelines; therefore, the request is not medically necessary.