

Case Number:	CM15-0003837		
Date Assigned:	01/26/2015	Date of Injury:	10/05/2011
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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:

The injured worker is a 53 year old male who sustained a work related injury October 5, 2011. According to a brief history dated November 14, 2014, the injured worker sustained continuous trauma and presents with a chief complaint of constant neck pain with radiation to both arms and hands. Diagnosis is documented as cervical radiculopathy versus peripheral neuropathy. The examining physician further documents abnormal nerve conduction studies in a pattern consistent with moderate bilateral carpal syndrome, right greater than left, and minimal to mild bilateral cubital tunnel syndrome; electromyography of the cervical spine and upper extremities reveals denervation of the bilateral abductor pollicis brevis muscles(report present in medical record). According to utilization review performed December 24, 2014, the request for physical therapy three (3) times a week for four (4) weeks to the Lumbar Spine has been modified to ten (10) sessions to the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for four weeks to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back. Physical Therapy: Intervertebral disc disorders without myelopathy.

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

Decision rationale: The patient presents with constant neck pain with radiation to both arms and hands. The request is for PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS TO LUMBAR SPINE. The RFA is not included. Patient's diagnosis included cervical radiculopathy versus peripheral neuropathy. The patient is temporarily totally disabled. MTUS pages 98, 99 has 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting 12 sessions of physical therapy for the lumbar spine. Review of the medical records does not show prior physical therapy to the lumbar spine. Treater progress reports were hand-written, illegible, and difficult to interpret. Per the denial letter dated 12/23/14, physical examination revealed decreased lumbar range of motion and spasm, no radiculopathy. Given the presence of back pain, decreased range of motion and spasm, physical therapy may be indicated; however, the requested 12 sessions exceed what is allowed per MTUS. Therefore, the request IS NOT medically necessary.