

Case Number:	CM15-0004824		
Date Assigned:	01/16/2015	Date of Injury:	06/12/2014
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a female patient, who sustained an industrial injury on 06/12/2014. A primary treating office visit dated 10/27/2014 reported the patient stating increased pain to cervical spine pectoral muscles the day after receiving physical therapy. She stated having paresthesias to dorsum of left hand along with left ulnar sided wrist pain, and left shoulder pain. She also reports that her bilateral upper extremities become fatigued easily for example, picking up a coffee cup exhibits weakness. In addition, the patient complained of cervicogenic headaches occurring daily that radiated to her jaw. She participates in a soccer game weekly and uses the application of ice for relief. Objective findings showed inflammatory markers within normal limits. Minimal movement of cervical spine. Positive Tinels bilateral medial epicondyle and bilateral wrists. The plan of care involved requesting results from electronerve study done 10/03/2014, complete myofascial, complete physical therapy with focus on transcutaneous electronerve stimulator instruction, initiate using Relafen and ES Tylenol. On 12/03/2014 Utilization Review non-certified a request for additional physical therapy session twice weekly for four weeks treating neck and bilateral upper extremity, noting the CA MTUS Chronic Pain, Physical therapy guidelines are cited. The injured worker submitted an application for independent review of services on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x4 weeks for neck and bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the neck and bilateral upper extremities is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are spring of neck; and repetitive strain injury. The documentation indicates the injured worker completed 8 out of 8 physical therapy sessions. The documentation does not contain progress notes from physical therapy. There is no evidence of objective functional improvement associated with prior physical therapy in the medical record, other than objective relief. Subjectively, the injured worker reports physical therapy decreased pain from 8/10 to 6/10 physical therapy was very effective for pain control. The injured worker has cervicogenic headaches daily that radiates in the jaw. She plays soccer two times a week, 20 minutes a day and 90 minutes every other day. When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. The documentation does not contain compelling clinical facts to warrant additional physical therapy. Moreover, the injured worker had physical therapy and should be well versed in home exercises as a condition of physical therapy. The injured worker plays soccer two times a week, 20 minutes one day and 90 minutes the next day. Consequently, absent compelling clinical documentation to support ongoing/additional physical therapy, physical therapy two times per week for four weeks to the neck and bilateral upper extremities is not medically necessary.