

Case Number:	CM15-0007184		
Date Assigned:	01/26/2015	Date of Injury:	11/18/2013
Decision Date:	04/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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 51 year old female with an industrial injury dated 11/18/2013. Her diagnoses include bilateral trigger thumb, carpal tunnel syndrome symptoms, medial epicondylitis, shoulder strain and tendinitis, anxiety, difficulty sleeping, and cervical strain. Recent diagnostic testing was not submitted or discussed. She has been treated with medications and an unknown number of previous physical therapy sessions. In a progress note dated 11/12/2014, the treating physician reports ongoing complaints in the hands with triggering of the right and left thumb, ongoing neck complaints, anxiety, and difficulty sleeping, despite treatment. The objective examination revealed tingling, pain and tenderness of the A1 pulley, tenderness in the medially of the elbow, and tenderness and tightness in the cervical spine. The treating physician is requesting physical therapy for the cervical spine which was denied by the utilization review. The acupuncture for the cervical spine was approved. On 12/31/2014, Utilization Review non-certified a request for physical therapy for the cervical spine 2 times 6, noting the absence of quantified functional deficits for the cervical spine and the lack of functional improvement with previous therapy. The MTUS Guidelines were cited. On 12/31/2014, Utilization Review CERTIFIED/APPROVED a request for 6 sessions of acupuncture for the cervical spine. The MTUS Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of physical therapy 2 times 6 for the cervical spine and acupuncture times 6 cervical spine. According to the UR report, the request for 6 acupuncture sessions was approved/certified; therefore, these issues are not eligible for the IMR and will not be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Cervical Spine (12-sessions, 2 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Per the 11/12/14 report the patient presents with neck pain and cervical spine complaints and has a diagnosis of cervical strain. The current request is for Physical Therapy To The Cervical Spine 12 Sessions 2 Times A Week For 6 Weeks per the 12/23/14 RFA. As of 12/24/14, the patient is Temporarily Totally Disabled. MTUS 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 are recommended. There is no evidence the patient is within a post-operative treatment period. The reports provided for review provide no discussion of prior physical therapy for the cervical spine. The 12/31/14 utilization review mentions prior physical therapy treatment; however, when and how many sessions is not documented. The treater does not state why physical therapy is needed at this time, why home exercise is not adequate or provide objective functional goals for treatment. Furthermore, the requested 12 sessions exceed what is allowed by guidelines. The request IS NOT medically necessary.