MAXIMUS Federal Services

Case Number:	CM15-0008452		
Date Assigned:	01/23/2015	Date of Injury:	06/10/2013
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona
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 44-year-old female who reported an injury on 06/10/2013 due to an unspecified mechanism of injury. On 12/29/2014, she presented for a followup evaluation. She was noted to be status post left carpal tunnel release and thumb A1 pulley extension. On examination, her incision was well healed and there was no evidence of infection. She had no locking or triggering and she was neurologically intact distally. She was to continue with her home exercise program and was placed under restrictions of lifting no more than 10 pounds. No medications were dispensed at the visit. The treatment plan was for physical therapy 2 times a week for 6 weeks for the neck and low back and for an MRI of the cervical spine. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. Or for neuralgia and neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be awaiting authorization for additional therapy. However, no recent clinical documentation was submitted regarding the injured worker's condition in terms of physical examination findings indicated significant functional deficits to support the request for physical therapy. In addition, it appears as though the injured worker has already had physical therapy. In addition, the number of sessions being requested exceeds the guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines, and therefore, the request would not be supported. As such, the request is not medically necessary.

Physical therapy 2 times 6 for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. Or for neuralgia and neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be awaiting authorization for additional therapy. However, no recent clinical documentation was submitted regarding the injured worker's condition in terms of physical examination findings indicated significant functional deficits to support the request for physical therapy. In addition, it appears as though the injured worker has already had physical therapy. In addition, the number of sessions being requested exceeds the guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines, and therefore, the request would not be supported. As such, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the California ACOEM Guidelines, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist and for those who fail to respond to conservative care. Based on the clinical documentation submitted for review, the injured worker was noted to be

status post left carpal tunnel release. However, there is a lack of documentation indicating that she has any significant functional deficits or neurological deficits related to the cervical spine that would support the request for an MRI. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.