

Case Number:	CM15-0105441		
Date Assigned:	06/09/2015	Date of Injury:	02/22/2013
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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 is a 57 year old male who sustained an industrial injury on 02/22/2013. Mechanism of injury was not documented. Diagnoses include neck pain following C5-6 anterior cervical discectomy and fusion on 04/07/2014, left shoulder strain, right carpal tunnel release on 03/19/2015, left recurrent carpal tunnel syndrome, Electromyography and Nerve Conduction Velocity studies positive, impotence by history, tinnitus by history and head and eye injury by history. Treatment to date has included diagnostic studies, status post cervical fusion on 04/07/2014 and right carpal tunnel release on 03/19/2015, medications, physical therapy and wrist splint. A physician progress note dated 04/23/2015 documents the injured worker complains aching right hand pain and numbness status post right carpal tunnel release, and upper back pain that her rates as 6 out of 10. His neck bothers him as well. He is not taking any medications and he is not attending physical therapy, and is not working. There is tenderness about the thenar eminence and there is mild swelling. He can dorsiflex his wrist to 60 degrees and volar flex to 60 degrees. Ulnar and radial deviations are both 20 degrees. He is unable to make a complete fist and there is some weakness. The injured worker was unable to take the Gabapentin that was prescribed. He notes less pain but there is still numbness. The treatment plan is for a follow up visit in 6 weeks. Treatment requested is for EMG/NCV Study of the right upper extremity, physical therapy 6 sessions for the right wrist and neck, and physical therapy for the neck, twice a week for 4 weeks (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Neck, twice a week for 4 weeks (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines support limited physical therapy of 8-10 sessions for chronic musculoskeletal conditions. There has been at least 6 prior sessions of physical therapy for the cervical spine completed and another request for 6 sessions is recommended to be authorized. This request significantly exceeds what is recommended by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request for Physical Therapy for the Neck, twice a week for 4 weeks (8 sessions) is not medically necessary.

EMG/NCV Study of the Right Upper Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: MTUS Guidelines do not directly address the issue of postoperative testing; however, the Guidelines support testing when persistent neurological deficits are present. It is documented that immediately post operative there was good sensation, but over time there is reported to be persistent numbness in the right hand and on exam diminished sensation is reported over the median and ulnar nerve distribution (most of the hand). Under these circumstances, updated testing is supported by Guidelines. The EMG/NCV Study of the Right Upper Extremity is medically necessary.

Physical Therapy 6 sessions for the right wrist and neck: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: MTUS Guidelines recommend up to 8 sessions of physical therapy after carpal tunnel release. The records do not support prior physical therapy provided for the carpal tunnel release. In addition, Guidelines recommend up to 10 sessions of therapy for chronic musculoskeletal conditions and it is documented that his individual has had 6 sessions. Given that this individual has had neck surgery and the amount of postoperative therapy is not documented the request for an additional 6 sessions is medically reasonable. Under these circumstances, the request for Physical Therapy 6 sessions for the right wrist and neck is supported by Guidelines and is medically necessary.