MAXIMUS Federal Services

Case Number:	CM15-0106740		
Date Assigned:	06/11/2015	Date of Injury:	09/10/2013
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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 58 year old male injured worker suffered an industrial injury on 09/10/2013. The diagnoses included transpositions of the left ulnar nerve and right carpal tunnel release. The diagnostics included left forearm and left wrist x-rays. The injured worker had been treated with medications and physical therapy. On 12/10/2014 the provider reported intense pain to the cervical spine with range of motion and also pain to the lumbar spine rated at 8/10. On 4/22/2015 the treating provider reported a follow up exam of the left wrist and left elbow that was very sensitive to touch. There was numbness in the 4th and 5th digit. The treatment plan included additional Physical therapy to the left elbow, cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks to the left elbow: 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: The patient presents with pain in the left elbow, left wrist, cervical and lumbar spine. The request is for PHYSICAL THERAPY 3 TIMES A WEEKS FOR 4 WEEKS TO THE LEFT ELBOW. Patient is status post right elbow and right hand surgery, date unspecified. Physical examination to the left hand on 01/14/15 revealed positive Tinel's sign of the left elbow and wrist. Carpal tunnel compression test of the left wrist was positive. There was decreased sensation to light touch to the thumb and long fingers of the left hand. Patient's treatments have included physical therapy and one lumbar ESI, without benefits. Patient's diagnosis, per 11/24/14 progress report include cervical degenerative disc disease, electromyographic evidence of chronic C7 nerve root irritation on the right side, bilateral carpal tunnel syndrome per electrodiagnostic testing, bilateral cubital tunnel syndrome, per electrodiagnostic testing, lumbar degenerative disc disease, and right L-5 chronic nerve root irritation, per electrodiagnostic testing. Patient's medications, per 01/14/15 progress report include Hydrocodone, Diclofenac, Pantoprazole, and Cyclobenzaprine. Patient is permanent and stationary. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Treater has discussed this request. In progress report dated 11/24/14, treater states that the patient has attended significant physical therapy. However, treater has not documented significant functional improvement due to physical therapy. Furthermore, treater has not documented why additional therapy is needed and why the patient cannot transition to a home based exercise program. Given the patient's condition, a short course of therapy would be indicated but MTUS guidelines recommend 9 to 10 visits for myalgia and myositis, and 8 to 10 visits for neuralgia and radisulitis, and the request for 12 sessions of physical therapy exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Physical therapy 3 times a week for 4 weeks to the cervical and lumbar spine: 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: The patient presents with pain in the left elbow, left wrist, cervical and lumbar spine. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS TO THE CERVICAL AND LUMBAR SPINE. Patient is status post right elbow and right hand surgery, date unspecified. Physical examination to the cervical spine on 11/24/14 revealed a normal lordosis and no pain with palpation over the spinous processes and cervical paraspinals. X-rays of the cervical spine showed degenerative disc disease worst at C4-5 level; x-ray of the lumbar spine showed mild multilevel degenerative disc disease. Patient's diagnosis, per 11/24/14 progress report include cervical degenerative disc disease, electromyographic evidence of chronic C7 nerve root irritation on the right side, bilateral carpal tunnel syndrome per electrodiagnostic testing, bilateral cubital tunnel syndrome, per electrodiagnostic testing, lumbar

degenerative disc disease, and right L-5 chronic nerve root irritation, per electrodiagnostic testing. Patient's medications, per 01/14/15 progress report include Hydrocodone, Diclofenac, Pantoprazole, and Cyclobenzaprine. Patient is permanent and stationary. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Treater has discussed this request. In progress report dated 11/24/14, treater states that the patient has attended significant physical therapy. However, treater has not documented significant functional improvement due to physical therapy. Furthermore, treater has not documented why additional therapy is needed and why the patient cannot transition to a home based exercise program. Given the patient's condition, a short course of therapy would be indicated but MTUS guidelines recommend 9 to 10 visits for myalgia and myositis, and 8 to 10 visits for neuralgia and radisulitis, and the request for 12 sessions of physical therapy exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.