

Case Number:	CM15-0109035		
Date Assigned:	06/15/2015	Date of Injury:	09/29/2014
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old female, who sustained an industrial injury on September 29, 2014. Treatment to date has included MRI of the cervical spine, EMG/NCV of the bilateral upper extremities, medications, physical therapy and rest. Currently, the injured worker complains of neck pain which remains constant and unimproved. She reports bilateral forearm numbness and loss of sensation along the medial forearm and hand. On physical examination the injured worker has a positive Tinel's sign at the elbows. The evaluating physician notes that an MRI of the cervical spine performed on December 8, 2014 revealed an unremarkable cervical spine and EMG/NCV on December 8, 2014 were interpreted as normal. The diagnoses associated with the request include chronic pain syndrome, lesion of the ulnar nerve, cubital tunnel syndrome, and cervicobrachial syndrome. The treatment plan includes physical therapy for the cervical spine, corticosteroid injections, and elbow pads for the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 4 wks - cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for neck pain with upper extremity numbness and decreased sensation. When seen, she had not improved. Physical examination findings included positive Tinel's testing at the elbows. Prior treatments had included physical therapy, chiropractic care, medications, splinting, and acupuncture. The claimant is more than six months status post injury and is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to optimize a home exercise program. Prior treatments had not been effective. The request is not medically necessary.