

Case Number:	CM15-0016266		
Date Assigned:	02/04/2015	Date of Injury:	03/06/2013
Decision Date:	04/03/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/28/2015

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 60-year-old female who reported an injury on 03/06/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine and bilateral upper extremities. The injured worker's treatment history included physical therapy, medications, and activity modifications. The injured worker was evaluated on 12/16/2014. It was documented that the injured worker had back pain and bilateral wrist and hand pain. Objective findings included tenderness to palpation of the paracervical and trapezial musculature with a positive cervical distraction test and restricted range of motion of the cervical spine secondary to pain complaints. The injured worker's examination of the bilateral wrists and hands documented tenderness to palpation with a positive Tinel's sign bilaterally and decreased grip strength. The injured worker had slightly restricted range of motion secondary to pain. The injured worker's diagnoses included cervical spine sprain/strain with radicular complaints and bilateral wrist tenosynovitis, rule out carpal tunnel syndrome. The injured worker's treatment plan at that appointment included an MRI and continuation of full duty work status. A Request for Authorization dated 01/05/2015 was submitted for physical therapy 2 times a week for 4 weeks for the cervical spine and bilateral wrists and hands. No justification was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the cervical 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 requested physical therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for radicular and myofascial pain complaints. The clinical documentation does indicate that the injured worker has completed several sessions of physical therapy for the cervical spine. The injured worker should be well versed in a home exercise program. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to assist with maintaining improvement levels obtained during skilled physical therapy. The clinical documentation does not indicate that the injured worker is participating in a home exercise program. However, no factors to preclude further progress of the injured worker while participating in a home exercise program were provided. There were no exceptional factors noted to support extending treatment beyond guidelines' recommendations. As such, the requested physical therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary or appropriate.

Physical therapy 2 x 4 for the bilateral wrists: 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 requested physical therapy 2 times a week for 4 weeks for the bilateral wrists is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for radicular and myofascial pain complaints. The clinical documentation does indicate that the injured worker has completed several sessions of physical therapy for the bilateral wrists. The injured worker should be well versed in a home exercise program. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to assist with maintaining improvement levels obtained during skilled physical therapy. The clinical documentation does not indicate that the injured worker is participating in a home exercise program. However, no factors to preclude further progress of the injured worker while participating in a home exercise program were provided. There were no exceptional factors noted to support extending treatment beyond guidelines' recommendations. As such, the requested physical therapy 2 times a week for 4 weeks for the bilateral wrists is not medically necessary or appropriate.