

Case Number:	CM15-0141179		
Date Assigned:	07/30/2015	Date of Injury:	01/19/2011
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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 injured worker is a 62-year-old female who sustained an industrial injury on 1-19-11. Diagnoses are status post multilevel cervical spine fusion with residual upper extremity radiculopathy, fibromyalgia, cephalgia, anxiety and distress, sleep difficulty, and internal medicine problems. In a progress report dated 6-8-15, the treating physician notes the injured worker returns for an orthopedic follow-up. She states that her condition continues to worsen. She has an increase in neck pain that runs into her shoulders and a burning sensation behind her neck, extreme pain in both hands and arms with swelling, pain in both elbows, knees hurt, feet are sore, has daily headaches and continued anxiety. Objective findings are cervical tenderness and pain that radiates into the upper extremities bilaterally, tenderness and pain in shoulders, forearms, wrists and hands with limited range of motion and pain in both thumbs with an indication of trigger thumb bilaterally. Electromyography-nerve conduction velocity studies reveal mild right carpal tunnel syndrome (median entrapment at wrist) affecting sensory components, evidence of mild chronic C6 radiculopathy on the left. Work status is to remain off work for 4-6 weeks. The requested treatment is physical therapy 3 times a week for 6 weeks for the left hand-wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 weeks for the Left Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. The Physical Therapy 3 x 6 weeks for the Left Hand/Wrist is not medically necessary and appropriate.