

Case Number:	CM15-0147342		
Date Assigned:	08/10/2015	Date of Injury:	01/20/2014
Decision Date:	09/11/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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, Hawaii

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 63 year old female who sustained an industrial injury on 1-20-2014. She has reported neck pain, right wrist pain, left wrist pain, right hand pain, and left hand pain and has been diagnosed with cervical sprain strain, right wrist sprain strain, left wrist sprain strain, carpal tunnel syndrome, radial styloid tenosynovitis, and sprain of the hand not otherwise specified. Treatment has included surgery, physical therapy, medical imaging, and medications. There was pain and tenderness, muscle guarding and stiffness present at the right hand. There was pain and tenderness, muscle guarding and stiffness present at the left hand. The treatment plan included physical therapy and follow up. The treatment request included additional physical therapy 2 x 4 for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the 6/12/15 QME report, the patient has some ongoing numbness and atrophy in the hands following a successful anterior cervical discectomy and fusion in April of 2014. The current request is for additional physical therapy 2x4 for the neck. The CA MTUS Post Surgical guidelines do not apply as the 6 month post surgical physical medicine treatment period has been exceeded. CA MTUS does recommend physical therapy 8-10 sessions of myalgia and neuritis type conditions similar to this patient's presentation. In this case, 12 sessions of physical therapy have been authorized to date. Of the 12 sessions authorized, 8 sessions have been completed. The most applicable treating physician report dated 6/15/15, does not discuss why additional physical therapy is needed and provides no discussion of functional benefit from the 8 sessions completed. It would seem appropriate to complete the other 4 authorized sessions and then after an assessment discuss why additional physical therapy is appropriate. As such, the available records do not establish medical necessity for the request of additional physical therapy.