

Case Number:	CM15-0166720		
Date Assigned:	09/04/2015	Date of Injury:	08/27/2012
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency Medicine

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 35 year old female, who sustained an industrial injury on 08-27-2012 secondary to typing, right hand seized up and was unable to move the right fourth and fifth fingers. On provider visit dated 06-12-2015 the injured worker has reported neck and right arm, wrist and elbow pain. On examination, the cervical spine was noted to have a decreased range of motion and right scapular angle tenderness was noted. The diagnoses have included ulnar neuropathy, status post ulnar nerve surgery x2, residual scapular angle, and cervical pain. Treatment to date has included physical therapy and medication. The injured worker was noted not to be working. The provider requested physical therapy two times a week for eight weeks, in treatment of the 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 two times a week for eight weeks, in treatment of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

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

Decision rationale: The requested Physical therapy two times a week for eight weeks, in treatment of the cervical and lumbar spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck and right arm, wrist and elbow pain. On examination, the cervical spine was noted to have a decreased range of motion and right scapular angle tenderness was noted. The diagnoses have included ulnar neuropathy, status post ulnar nerve surgery x2, residual scapular angle, and cervical pain. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy two times a week for eight weeks, in treatment of the cervical and lumbar spine is not medically necessary.