

Case Number:	CM15-0167106		
Date Assigned:	08/28/2015	Date of Injury:	09/06/2003
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
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: Florida
 Certification(s)/Specialty: Neurology, 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 53-year-old female, who sustained an industrial injury on September 6, 2003. The injured worker was diagnosed as having spinal stenosis in cervical region, cervical disc displacement without myelopathy, brachial neuritis, cervical discectomy with interbody fusion and right carpal tunnel release. Treatment to date has included multiple neck surgeries, wrist surgery, magnetic resonance imaging (MRI), therapy and medication. A progress note dated August 6, 2015 provides the injured worker complains of neck pain, weakness, and numbness in the right hand. She reports decreased numbness in the hand. Physical exam notes well healed carpal tunnel surgical scars and normal neurological exam of the wrist and hand. There is decreased cervical range of motion (ROM) with spasm. The plan includes physical therapy for the right hand and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right hand 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: The medical records report pain in the right hand but do not document specific functional goals for 12 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for carpal tunnel syndrome. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 12 visits of PT.

Physical therapy cervical spine 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The medical records report pain in the cervical region but do not document specific functional goals for 12 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for cervical sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 12 visits of PT.