

Case Number:	CM15-0183306		
Date Assigned:	09/24/2015	Date of Injury:	06/16/2006
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/17/2015

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: Preventive Medicine, Occupational 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:

This is a 56 year old female, whose date of injury was June 16, 2006. The medical records (7-9-15) indicated the injured worker was treated for cervicgia, cervical disc disorder, brachial neuritis or radiculitis and carpal tunnel syndrome. She complained of neck pain with cervical radiculopathy to the upper extremities and pain in her shoulder, elbows and wrists. She reported severe wrist and hand pain and was status post carpal tunnel syndrome with residual chronic pain. Her pain rating with medications was 3 on a 10-point scale (on 5/14/15 rated an 8) and without medications was 8 on a 10-point scale (on 5/14/15 rated a 10) Objective findings included tenderness to palpation of C3-C7 spinous process and bilateral facet joints. She had tenderness to palpation over the cervical paravertebral muscle, trapezius muscle and levator scapulae muscle. Her grip strength on the left was 3-5 and on the right 1-5. An MRI on November 11, 2013 was documented by the evaluating physician as demonstrating mild straightening of the cervical lordosis, C3-4, C4-5, C5-6 and C6-7 mm central disc protrusion, mass effect on the anterior dural sac with effacement of the anterior CSF space, mild to moderate narrowing of the central canal measuring 6-7 mm in diameter. Medications included gabapentin 800 mg, quazepam 15 mg, Norco 10-325 mg, and Soma 350 mg. A request for authorization for physical therapy three times four for the neck and bilateral wrist was received on August 21, 2015. On August 25, 2015, the Utilization Review physician modified physical therapy three times four for the neck and bilateral wrists to six visits of physical therapy for the neck and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, neck and bilateral wrist: 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 MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, per the available documentation, the injured worker is a good candidate for physical therapy of the neck and wrists, however, this request for 12 sessions exceeds the recommendations of the established guidelines. The request for physical therapy 3 times a week for 4 weeks, neck and bilateral wrist is not medically necessary.