

Case Number:	CM15-0197409		
Date Assigned:	10/12/2015	Date of Injury:	07/16/2009
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on July 16, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having finger injury not otherwise specified, pain in joint of hand, brachial neuritis or radiculitis not otherwise specified, neuralgia, neuritis and radiculitis not otherwise specified, anxiety state not otherwise specified, depressive disorder not elsewhere classified and sleep disturbance not otherwise specified. Treatment to date has included medication, therapy, home exercises and diagnostic studies. On September 15, 2015, the injured worker complained of left hand pain with radiation to the neck, left shoulder, left arm, left forearm, left wrist, left ring finger and little finger. The pain was rated as a 9 on a 1-10 pain scale. Physical examination of the cervical spine revealed restricted range of motion with lateral rotation to the right limited by pain and painful lateral rotation to the left. The treatment plan included a follow-up visit and twelve sessions of physical therapy for the cervical spine in order to improve his functional abilities and decrease pain. On September 28, 2015, utilization review denied a request for twelve sessions of physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are finger injury NOS; pain in joint on hand; brachial neuritis or radiculitis NOS; Neuralgia, neuritis and radiculitis NOS; anxiety state, depressive disorder and sleep disturbance. Date of injury is July 16, 2009. Request for authorization is September 23, 2015. According to a September 15, 2015 progress note, subjective complaints include left-hand pain that radiates to the neck and upper extremity. Objectively, range of motion was decreased lateral rotation to the right. Sensory examination shows sensation to the ring and little finger. Utilization review indicates the injured worker received 12 occupational therapy sessions. There are no physical therapy notes in the medical record documentation. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical therapy progress notes in the medical record, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy 12 sessions to the cervical spine is not medically necessary.