

Case Number:	CM15-0198514		
Date Assigned:	10/13/2015	Date of Injury:	04/19/2011
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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 34-year-old female, who sustained an industrial injury on 4-19-11. The injured worker is diagnosed with right cervical radiculopathy, cervical facet arthropathy, bilateral carpal tunnel syndrome, cervical myofascial strain, left ulnar neuropathy, cervicgia and left medial epicondylitis. Her work-disability status was not addressed. Notes dated 6-2-15 - 8-6-15 reveals the injured worker presented with complaints of constant aching and stabbing on the right side of her neck and upper trapezius muscles. She reports the pain radiates down her arm to her fingers. She reports numbing pain in her ring and small fingers and a pins and needles sensation in her hands bilaterally. She also reports left hand and elbow discomfort. Her pain is rated at 9-10 out of 10. She also reports decreased left hand grip and sleep disturbance due to the pain. Physical examinations dated 6-29-15 - 8-6-15 revealed tender to palpation at right medial epicondyle and paraspinals C3-C6, limited cervical flexion and rotation, positive right cervical facet loading and a positive Tinel's test to bilateral wrists and left elbow. Treatment to date has included home exercise program, physical therapy (12 sessions) and bilateral wrist splints; medications provide slight relief per note dated 8-6-15. Diagnostic studies to date have included electrodiagnostic study (2015), cervical spine MRI (2015) and cervical spine x-rays (2015). A request for authorization dated 8-6-15 for physical therapy 2 x a week for 8 weeks for the neck is non-certified, wrist and hand, per Utilization Review letter dated 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 8 weeks for the neck, wrist & hand: 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 rationale: The patient presents with pain affecting the neck, right, and right hand. The current request is for Physical therapy 2x a week for 8 weeks for the neck, wrist & hand. The treating physician report dated 8/6/15 (10B) notes that the patient has received 12 physical therapy visits previously. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 12 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the current request of 16 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, 12 prior sessions of PT should have allowed the patient to establish a home exercise program. The current request is not medically necessary.