

Case Number:	CM15-0208166		
Date Assigned:	10/27/2015	Date of Injury:	09/17/2014
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old female, who sustained an industrial injury on 9-17-14. The injured worker was diagnosed as having sprain-strain neck; carpal tunnel syndrome. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 10-5-15 indicated the injured worker returns to the office for a follow-up evaluation of her neck and her upper extremities. She reports having more pain in the upper extremities over the past several months specifically in the right forearm and in the hands and fingers. She has been doing work, but complains of increasing symptoms and difficulty sleeping at night. She has constant numbness and tingling in the fingers now. The provider notes she has had electrodiagnostic testing confirming bilateral carpal tunnel syndrome. She has never had any injections in the hands and wrists and she has only been treated with physical therapy for the neck and upper back. On physical examination, the provider documents "she has tenderness to palpation at the paracervical region without swelling or ecchymosis. She has tightness to palpation at the paracervical region with no palpable spasms. She has full range of motion of the cervical spine. Examination of the hands and wrist reveals tenderness at the forearms bilaterally. She has positive Tinel's and Phalen's testing right greater than left and she has increased pain with forceful gripping and grasping. Neurovascular exam is intact." The treatment plan includes requests for physical therapy to address the cervical spine and occupational therapy to address the hands and wrists. He is also requesting acupuncture to address all of her symptoms. Physical therapy and occupational therapy notes indicate the injured worker has had a least 12 physical therapy sessions and 6 occupational therapy sessions in 2015. A Request for Authorization is dated 10-22-15. A Utilization Review letter is dated 10-15-15 and non-certification for Additional Physical Therapy 2x3 for Neck. A request for authorization has been received for Additional Physical Therapy 2x3 for Neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x3 for Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing pain in her neck and upper back, among other issues. There was no discussion describing the reason additional therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for an additional six physical therapy sessions for the neck done twice weekly for three weeks is not medically necessary.