

Case Number:	CM15-0209114		
Date Assigned:	10/28/2015	Date of Injury:	08/06/2012
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female, who sustained an industrial injury on 8-6-12. Current diagnoses or physician impression includes cervical spine strain-sprain with radiculitis-radiculopathy rule out herniated cervical disc, bilateral shoulders strain-sprain, rule out tendinitis, impingement syndrome and rotator cuff tear, bilateral wrists and hands sprain-strain, rule out tendinitis and carpal tunnel syndrome. Her work status is full duty. Notes dated 9-23-15 and 10-2-15 reveals the injured worker presented with complaints of mild bilateral arm pain with numbness and weakness. She reports constant bilateral wrist pain with swelling, weakness and numbness and tingling. She reports constant bilateral hand pain with swelling, weakness, numbness and tingling. Her pain is increased with flexion, extension, pushing, pulling, turning, twisting, firm gripping and grasping, pushing, pulling, lifting and carrying. Her pain is rated at 3-7 out of 10. A physical examination dated 10-2-15 revealed decreased cervical spine range of motion. There is cervical spine tightness and spasm noted to palpation and muscle guarding at the trapezius, sternocleidomastoid and strap muscles bilateral. There is cervical spinal processes tenderness bilaterally and a positive Spurling's and Foramina tests bilaterally. The bilateral shoulders range of motion is decreased and there is tenderness of the greater tuberosities, acromioclavicular joint, rotator cuff muscles, supraspinatus and infraspinatus bilaterally. There is subacromial grinding and clicking noted bilaterally and a positive impingement test bilaterally. The examination of the hands and wrists reveals decreased range of motion bilaterally. There is tenderness over the distal radioulnar joint and triangular fibrocartilage complex bilaterally. Treatment to date has included medications, physical therapy and acupuncture (6 sessions). Diagnostic studies include x-rays, right shoulder, cervical spine, right wrist and hand MRI. A request for authorization dated 10-5-15 for physical therapy 3 times a week for 6 weeks (18 sessions) to the cervical spine, bilateral shoulders, hands and wrists is modified to 9 sessions, per Utilization Review letter dated 10-12-15.

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 6 weeks to cervical spine, bilateral shoulders, hands and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) Carpal tunnel syndrome-physical medicine treatment.

Decision rationale: Physical therapy 3 times a week for 6 weeks to cervical spine, bilateral shoulders, hands and wrists is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for neuritis, and up to 10 visits for myalgia and myositis with a fading of treatment frequency to an independent home exercise program. The documentation indicates that the patient has had prior PT. The MTUS recommends for carpal tunnels syndrome medical PT treatment of 1-3 visits over 3-5 weeks. There are no extenuating factors which would necessitate 18 supervised therapy visits which would greatly exceed the MTUS recommended number of visits for this patient's condition therefore this request is not medically necessary.