

Case Number:	CM15-0022574		
Date Assigned:	02/12/2015	Date of Injury:	09/26/2002
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 50 year old female who sustained an industrial injury on 9/26/02. She currently complains of neck pain. Medications include Tramadol, venlafaxine HCL, metformin and spironolactone. She has laboratory evaluation 1/15/15 and report was consistent with current prescription medications. Diagnoses are carpal tunnel syndrome; carpal tunnel release right (9/13) left 10/21/13); cervical radiculitis; chronic pain syndrome and ulnar nerve lesion. There was no documentation of prior treatments besides carpal tunnel release. In the progress note dated 1/15/15 the treating provider requested physical therapy citing evidence based guidelines for physical medicine and physical therapy. On 1/23/15 Utilization review non-certified the request for 8 physical therapy sessions citing ODG-Treatment for Workers Compensation, Online Edition: Chapters: Elbow; Carpal Tunnel Syndrome; Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested 8 Physical Therapy visits, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has neck pain. The treating physician has not documented the medical necessity for physical therapy beyond the referenced guideline recommendation of a current trial of 6 sessions and then evaluate for functional improvement. The criteria noted above not having been met, 8 Physical Therapy visits is not medically necessary.