

Case Number:	CM15-0026899		
Date Assigned:	02/18/2015	Date of Injury:	03/17/1998
Decision Date:	04/21/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/11/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female, who sustained an industrial injury on March 17, 1998. She reported severe pain in her left neck and shoulder while lifting heavy boxes. The injured worker was diagnosed as having postlaminectomy syndrome, tarsal tunnel syndrome, bilateral carpal tunnel syndrome, rotator cuff disorder, headache, and neck pain. Treatment to date has included chiropractic treatment, surgery, cervical facet blocks, diagnostic studies, trigger point injection and medications. Currently, the injured worker complained of pain and spasms in the neck and bilateral upper extremities along with burning in her neck. The pain was rated as an 8 on a 1-10 pain scale. She reported pain with turning her head to the left and bending her head to the left. Physical examination showed tenderness of the bilateral upper trapezius and interscapular muscles with palpation of spasms and multiple trigger points. Medication was recommended for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and bilateral hands 2 x 6 (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16, 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has had physical therapy after her cervical discectomy, three level fusion, and carpal tunnel surgery; however, the patient has forgotten the home exercise program. The patient may benefit from some refresher physical therapy to re-teach the home exercises. Unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for 12 session's physical therapy is excessive and is not medically necessary.