

Case Number:	CM15-0213649		
Date Assigned:	11/03/2015	Date of Injury:	06/16/1993
Decision Date:	12/15/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 76 year old male who sustained an industrial injury on 6-16-1993. A review of medical records indicated the injured worker is being treated for increased flare up of pain in the neck, back, and right shoulder, status post anterior cervical decompression and fusion at C4-5 and C5-6 with residuals, status post lumbar spine fusion at L2-3 and L3-4, right lower extremity radiculopathy, neuritis, mild foraminal stenosis, cervicogenic headaches, neuropathic pain in the bilateral lower extremities, cervical spine radiculopathy, failed back surgery, syndrome, neurogenic claudication, bilateral sacroiliitis, bilateral carpal tunnel syndrome, bilateral C5, C6, and C7 radiculopathy, status post right carpal tunnel release, and status post right median and ulnar transplantation and decompression. Medical records dated 6-3-2015 noted neck pain rated 4 out of 10. Right elbow pain 6 out of 10, right wrist and hand pain rated 5 out of 10, and low back pain rated 4 out of 10. Physical examination noted the right arm wound was clean, dry, and flat. The wound was dehisced in the middle portion of the incision. The anterior and superior borders of the incision are completely healed. Treatment has included physical therapy (amount unknown), Norco, and Neurontin. Utilization review form dated 10-23-2015 non-certified physical therapy right hand, arm, and elbow 2-3 x 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand, arm, elbow 2-3 times 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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) Forearm, wrist, and hand section, Physical therapy Elbow section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right hand, arm, elbow 2-3 times per week times 4-6 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post anterior cervical decompression and fusion at C4-5 and C5-6 with residuals, status post lumbar spine fusion at L2-3 and L3-4, right lower extremity radiculopathy, neuritis, mild foraminal stenosis, cervicogenic headaches, neuropathic pain in the bilateral lower extremities, cervical spine radiculopathy, failed back surgery, syndrome, neurogenic claudication, bilateral sacroiliitis, bilateral carpal tunnel syndrome, bilateral C5, C6, and C7 radiculopathy, status post right carpal tunnel release, and status post right median and ulnar transplantation and decompression. Date of injury is June 16, 1993. Request authorization is October 16, 2015 referencing a June 3, 2015 request. The most recent progress note in the medical record is June 3, 2015. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization on or about October 16, 2015. According to the June 3, 2015 progress note, the injured worker complains of intermittent neck pain 4/10, right elbow pain 6/10, wrist pain 5/10 and low back pain. Pain is unchanged from the last visit. Objectively, there is no physical examination in the medical record other than the wounds being clean. There are no physical therapy progress notes in the medical records. There is no documentation demonstrating objective functional improvement to support ongoing physical therapy. The total number of physical therapy sessions is not specified. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Additionally, the treating provider requests a range of physical therapy from 8 sessions to 18 sessions based on the language in the request. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy, no documentation indicating total number of physical therapy sessions and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy to the right hand, arm, elbow 2-3 times per week times 4-6 weeks is not medically necessary.