

Case Number:	CM15-0219477		
Date Assigned:	11/12/2015	Date of Injury:	12/01/2013
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was diagnosed as having clinical bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis, right flexor carpi radialis tendinitis verses tear, and cervical strain. Treatment to date has included medication: Lidocaine ointment, carpal tunnel injections (ineffective), 12 sessions of hand therapy. MRI results were reported on 7-22-15 of the cervical spine revealing multilevel degenerative disc disease worse at C5-6 level associated moderate spinal canal stenosis and moderate to severe bilateral neuroforaminal stenosis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 2-11-15 revealing right carpal tunnel syndrome. Currently, the injured worker complains of neck pain and bilateral upper extremities pain. Per the primary physician's progress report (PR-2) on 10-7-15, exam noted wearing of bilateral wrist braces, limited range of motion in the cervical spine, most notable with lateral flexion secondary to pain, Spurling's is unremarkable in the cervical spine, breakaway weakness through her bilateral upper extremities secondary to pain, palpable taut bands along the cervical paraspinals, superior trapezius, and levator scapulae muscles. The Request for Authorization requested service to include Physical therapy in treatment of the cervical spine #8, 2 times a week for 4 weeks. The Utilization Review on 10-13-15 modified the request for Physical therapy in treatment of the cervical spine #6, 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy in treatment of the cervical spine #8, 2 times a week for 4 weeks: 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 patient presents with pain affecting the cervical spine. The current request is for Physical therapy in treatment of the cervical spine #8, 2 times a week for 4 weeks. The treating physician request dated 10/7/15 (24B) states, "Physical therapy x8 sessions for her cervical spine as recommended per QME." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 8 sessions of physical therapy for the cervical spine. The patient's status is not post-surgical. In this case, the patient has received at least 8 sessions of physical therapy to date and therefore the current request of 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.