

Case Number:	CM15-0047447		
Date Assigned:	03/19/2015	Date of Injury:	03/14/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/12/2015

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 is a 64 year old female, who sustained an industrial injury on 03/14/2008. She reported a gradual development of neck pain, upper back pain, right shoulder pain, and right upper extremity pain with weakness, and paresthesia. The injured worker was diagnosed as having cervical spine (neck) sprain/strain, upper back (trapezius/periscapular) sprain/strain, bilateral carpal tunnel syndrome, and cervical radiculopathy (neuritis/radiculitis). Treatment to date has included status post cervical spine surgery, status post carpal tunnel release bilaterally, medication regimen, lidocaine trigger point injections, and home exercise program. In a progress note dated 12/04/2014 the treating provider reports complaints of cervicogenic headaches, myofascial cervical pain, and right wrist tendinitis. The documentation also noted that the injured worker continued to be symptomatic, but noted the symptoms to be controlled on the injured worker's pain medication regimen. The treating physician examination revealed tenderness to the splenius capitis/cervicis, upper trapezius muscles, and para-thoracic muscle groups, along with a positive Spurling's test on the right. The medical records provided did not contain the requested treatment of additional physical therapy two times three to the cervical spine and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x3, cervical spine and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the cervical spine and bilateral wrist. The current request is for Additional physical therapy 2x3, cervical spine and bilateral wrists. The treating physician states: Phys. Rehab. with mobilization, modalities, and iontophoresis. (26B) No further information was provided for this request. The MTUS guidelines state: They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary and the recommendation is for denial.