

Case Number:	CM15-0058075		
Date Assigned:	04/02/2015	Date of Injury:	06/08/2012
Decision Date:	06/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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

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 44 year old female, who sustained an industrial injury on 6/08/2012. The mechanism of injury was not provided. Diagnoses include right and left carpal tunnel syndrome, cervical spine strain, right elbow joint pain and right shoulder muscle strain. Treatment to date has included surgical intervention (carpal tunnel release right (5/31/2013) and left 10/04/2013), therapy, medications, and diagnostics including magnetic resonance imaging (MRI), radiographic imaging and electrodiagnostic testing. Per the Primary Treating Physician's Permanent and Stationary Report dated 11/26/2014, the injured worker reported pain on the right side of the neck and constant right shoulder pain rated as 7/10. She reports pain in both wrists radiating to both forearms. She needs to wear bilateral wrist splints. Physical examination of the cervical spine revealed tenderness to palpation, spasm and restricted range of motion of the paraspinal muscles on the right side. Right shoulder examination revealed restricted range of motion and tenderness to palpation. There was tenderness to palpation of the dorsal aspect the bilateral wrists with restricted range of motion. The right elbow examination was within normal limits. Authorization was requested for physical therapy (2x6) for the cervical spine, right elbow, right shoulder and cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the cervical spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. The quantity of sessions, as well as the objective functional benefit that was received, was not provided. There was a lack of documentation of remaining objective functional deficits to support the necessity for additional therapy. Given the above, the request for physical therapy to the cervical spine, twice a week for six weeks is not medically necessary.

Physical Therapy for the right shoulder, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. The quantity of sessions, as well as the objective functional benefit that was received, was not provided. There was a lack of documentation of remaining objective functional deficits to support the necessity for additional therapy. Given the above, the request for physical therapy for the right shoulder, twice a week for six weeks is not medically necessary.

Physical Therapy for the right elbow, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 8.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. The quantity of sessions, as well as the objective functional benefit that was received, was not provided. There was a lack of documentation of remaining objective functional deficits to support the necessity

for additional therapy. Given the above, the request for physical therapy for the right elbow, twice a week for six weeks is not medically necessary.

Cervical traction unit for the home: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction.

Decision rationale: The Official Disability Guidelines indicate that injured worker controlled traction is appropriate for injured workers with radicular symptoms in conjunction with a home exercise program. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the unit with an at home exercise program. The request as submitted failed to indicate whether the request was for rental or purchase. Given the above, the request for cervical traction unit for the home is not medically necessary.