

Case Number:	CM13-0032840		
Date Assigned:	12/06/2013	Date of Injury:	09/10/2011
Decision Date:	06/16/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 56 years old with a work injury dated 9/10/11. The diagnoses include cervical pain with cervical disc disease, hand pain, lateral epicondylitis, ulnar neuropathy, wrist pain. There is a request for 8 physical therapy sessions between 9/18/13 and 11/9/13. There is a 9/18/13 progress report which states that the patient presents for neck pain, radiating from neck down both arms. The pain has remained unchanged since prior visits. Her sleep quality is poor. The pain level has remained unchanged since last visit. She does not report any change in location of pain. The patient has completed 12 sessions of physical therapy and notices less pain and improved strength in her upper extremities with therapy. She notes less muscle tension and tightness as well. Prior to therapy baseline pain level was 7/10 and during therapy baseline pain level was reduced to 5/10. She states that she felt more comfortable using her hands to cook and perform other simple house tasks. She would like more therapy sessions. On physical examination of paravertebral muscles, tenderness and right muscle band is noted on both the sides tenderness is noted at the paracervical muscles and trapezius. The Spurling's maneuver is negative. Her reflexes are 2/4 in the bicep, triceps, and brachioradialis bilaterally. She has a positive left Tinel sign. Inspection of the hand reveals Bouchard's nodes over the proximal interphalangeal joint of the index finger and enlargement of the PIP Joints. There is tenderness to palpation over the proximal interphalangeal joints of hands as well as allodynia and tenderness to palpation of multiple PIP joints. There is some decreased strength in the left hand. There is decreased sensation in the C5-C8/T1 area over left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS BETWEEN 9/18/2013 AND 11/9/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for 8 physical therapy sessions are not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. There are no extenuating circumstances that require an additional 8 visits of physical therapy. The request for 8 physical therapy sessions are not medically necessary.