

Case Number:	CM14-0103113		
Date Assigned:	09/16/2014	Date of Injury:	10/29/2007
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine, and is licensed to practice in New York & North Carolina. 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 employee, a 66 year old woman, formerly in marketing, claims injury 10/29/2007 when in a motor vehicle accident. She is appealing the 6/26/14 denial of 24 visits of physical therapy for the upper extremities. She has had an ACDF at C4-7 8/1/11, a re-exploration 8/3/11, another ACDF 11/2011 and right cubital tunnel release. She had an EMG 3/6/14 showing right C5 radiculopathy but no acute denervation, and borderline ulnar neuropathy at the elbow. CT scan of the cervical spine show bilateral C6-T1 facet disease and "spondy" [spondylolisthesis] C7-T1, right C3-4 facet arthritis. Her treating provider is ordering 2-3 visits/week x 6-8 weeks for physical therapy for low cervical, thoracic pain, muscle spasms of the right deltoid upper extremity pain (prior (R) cubital tunnel release), per the application for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 24- Upper Extremities: 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: This patient has had physical therapy for her neck and upper extremities in the past. She is requesting 24 visits of physical therapy. Documentation supports her desire to continue therapy, stating she finds it is helpful. 24 visits of therapy are not supported in the MTUS chronic pain guidelines. They note that they can allow for fading of treatment frequency, from up to three visits per week, to one or less), plus active self-directed home Physical Medicine. Treatment for neuralgia, neuritis and radiculitis allow for 8-10 visits over 4 weeks. Her request for 24 visits is not indicated, nor is there any explanation about why this amount of therapy was indicated. The request is not medically necessary.