

Case Number:	CM14-0112089		
Date Assigned:	08/20/2014	Date of Injury:	10/24/2013
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 a 44 year old female with an injury date of 10/24/13. Based on 04/11/14 progress report provided by [REDACTED], the patient presents with pain in neck, bilateral forearms, elbows and wrists. Physical exam shows tenderness along cervical paraspinal muscles, trapezius and shoulder girdle. Cervical range of motion is decreased; especially lateral tilting at 15 degrees to the left. Progress report dated 03/12/14 mentions patient has difficulty doing fine motor type skills, holding and opening things, gripping and grasping. It is mentioned that her weight went from 140 to 200 lbs. Objective Findings 04/11/14:- right elbow: intermittent pain rated 4/10, radiating up to arm and down to shoulder and fingers, numbness and tingling present. No loss of movement reported- left elbow: intermittent pain rated 4/10, radiating up to arm and down to shoulder and fingers, numbness and tingling present. Loss of movement- right wrist: constant pain 10/10 with swelling. No improvement in pain with any treatment- left wrist: intermittent pain rated 8/10 with swelling. No numbness- right hand: pain rated 7/10 with numbness and tingling. Radiation of pain down to palm, base of thumb and fingers. Crepitus noted when rubbing palms- left hand: constant pain rated 9/10 with swelling. Radiation of pain down to palm, base of thumb and fingers. Diagnosis 04/11/14:- discogenic cervical condition with facet inflammation, headaches and shoulder girdle involvement- ulnar neuritis- carpal tunnel syndrome bilaterally- wrist joint inflammation bilaterally with CMC joint inflammation bilaterally- impingement of shoulder. Progress report dated 04/11/14 mentions patient had 10 sessions of physical therapy from 11/18/13 -02/08/14. [REDACTED] is requesting 1. Aqua therapy times 12 for the cervical and bilateral wrists/elbows/forearms. 2. PT X 12 for the cervical and bilateral wrists/elbows/forearms. The utilization review determination being challenged is dated 06/20/14. The rationale is patient had prior physical therapy and number of sessions is unknown.

Also, no specific functional deficits were documented from body parts pertaining to request. ■■■■■
■■■■■ is the requesting provider, and he provided treatment reports from 01/30/14 - 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x12 for the cervical and and bilateral wrists/elbows/forearms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: The patient presents with pain in neck, bilateral forearms, elbows and wrists. The request is for Aqua therapy times 12 for the cervical and bilateral wrists/elbows/forearms. Patient diagnosis per 04/11/14 progress report include: discogenic cervical condition with facet inflammation, headaches and shoulder girdle involvement, ulnar neuritis, bilateral carpal tunnel syndrome and bilateral wrist joint inflammation. Progress report dated 03/12/14 mentions patient has difficulty doing fine motor type skills and has gained 60 lbs. MTUS pages 98,99 has the following: "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks." Progress report dated 04/11/14 mentions patient had 10 sessions of physical therapy from 11/18/13 -02/08/14. The request exceeds amount of visits allowed by MTUS guideline. The request is not medically necessary.

PT x12 for the cervical and and bilateral wrists/elbows/forearms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Physical therapy.

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

Decision rationale: The patient presents with pain in neck, bilateral forearms, elbows and wrists. The request is for Physical therapy times 12 for the cervical and bilateral wrists/ elbows/ forearms. Patient diagnosis per 04/11/14 progress report include: discogenic cervical condition with facet inflammation, headaches and shoulder girdle involvement, ulnar neuritis, bilateral carpal tunnel syndrome and bilateral wrist joint inflammation. Progress report dated 03/12/14 mentions patient has difficulty doing fine motor type skills and has gained 60 lbs. MTUS pages 98,99 has the following: "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks."

Progress report dated 04/11/14 mentions patient had 10 sessions of physical therapy from 11/18/13 -02/08/14. The request exceeds amount of visits allowed by MTUS guideline. The request is not medically necessary.