

Case Number:	CM14-0115423		
Date Assigned:	09/23/2014	Date of Injury:	05/06/2013
Decision Date:	10/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, 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 injured worker is a 30-year-old female who reported a work related injury on 05/06/2013. The injured worker's diagnoses include a sprain/strain and status post bilateral carpal tunnel release. The injured worker's past treatment has included surgical intervention and physical therapy. Diagnostic studies consist of an MRI of the cervical spine on an unspecified date which revealed mild bulging of the disc not causing any central canal or nerve canal stenosis, straightening of the cervical spine at C5-6; and an EMG/NCV of the upper extremities on 08/01/2013 which revealed moderate to severe bilateral carpal tunnel syndrome. Surgical history consists of a right carpal tunnel release on 05/21/2014. Upon examination on 06/18/2014, the injured worker complained of right and left wrist pain, the wrist pain was sharp and stabbing with numbness; neck pain which was noted to be dull and achy and increased with increased activity. There was neck pain with numbness into her left upper extremity with headaches, left shoulder pain, and low back pain. Upon examination, it was noted that the range of motion of the cervical spine was close to normal limits. Flexion was noted to be 45/50 degrees, extension was noted to be 48/60 degrees, left lateral flexion 22/45 degrees, right lateral flexion 30/45 degrees, left rotation 60/80 degrees, and right rotation 72/80 degrees. Cervical spine orthopedic tests consisted of a cervical distraction test which was positive bilaterally, maximal foraminal compression test which was noted to be positive bilaterally, shoulder depression test which was negative on the right and positive on the left, and Soto Hall test that was noted to be positive bilaterally. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of postoperative right wrist physical therapy. The rationale for the request was submitted for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x 3wks Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

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

Decision rationale: The request for physical therapy 2 times a week for 3 weeks for the cervical spine is not medically necessary. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported to promote functional gains in injured workers with unspecified myalgia and myositis. In regards to the injured worker, the physical examination showed decreased active range of motion of the cervical spine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In regards to the injured worker, within the clinical documentation there was documentation outlining strength and range of motion deficits of the cervical spine. However, documentation concerning deficits of the neck was not provided. With the lack of documentation of deficits of the neck, determining the medical necessity of physical therapy for the cervical spine cannot be determined. There was also no clear documentation provided that the injured worker had any recent physical therapy sessions directed to the neck in order to verify this request is within the guideline recommendations. As such, due to the lack of documentation in regards to previous physical therapy sessions, the medical necessity of physical therapy for the cervical spine cannot be determined. As such, the request for physical therapy 2 times a week for 3 weeks is not medically necessary.