

Case Number:	CM14-0122702		
Date Assigned:	09/16/2014	Date of Injury:	02/02/2010
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 57-year-old female who reported an injury on 02/02/2010 caused by an unspecified mechanism. The injured worker's treatment history included medications. The injured worker was evaluated on 07/02/2014 and it was documented the injured worker complained of intermittent pain in the cervical spine rated 3/10. The injured worker's pain increased with stress along with sitting for too long. The injured worker indicated that chiropractic treatment and massage therapy helped with the pain. The injured worker denied having numbness and tingling. Regarding the bilateral thumbs, there was intermittent pain rated at 4/10. The injured worker stated the bilateral thumbs pain felt worse in the morning. When the injured worker bumps thumb into anything, the pain was usually really bad. On physical examination of the cervical spine, there was loss of lordosis and pain in the right trapezium along with spasms. Range of motion in flexion was 1 fingerbreadth chin to chest, extension 20 degrees, and lateral flexion and rotation was 30 degrees bilaterally. On examination of the bilateral thumbs, the injured worker reported decreased range of motion and tenderness at the CMC joint. Diagnoses included pain, cervical spine; pain, bilateral thumbs. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks, cervical spine/bilateral thumbs Qty: 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck & Upper Back Procedure Summary, Forearm, Wrist & Hand Procedure Summary

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker had received physical therapy; however, outcome measures were not submitted for review. The provider failed to indicate long-term functional goals. The documents submitted were unclear whether the injured worker had already had physical therapy. As such, a request for physical therapy 2 times a week for 3 weeks, cervical spine/bilateral thumbs QTY: 6 is not medically necessary.