

Case Number:	CM14-0126164		
Date Assigned:	09/05/2014	Date of Injury:	01/07/2012
Decision Date:	10/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 50-year old female who reported an injury on 01/07/2012 loading her equipment in vehicle. The injured worker was diagnosed with cervical cancer in 1992 and bilateral cubital tunnel syndrome/ lateral epicondylitis. The injured worker was treated with surgery. The injured worker had x-rays of the bilateral elbows on 06/28/2012. The injured worker had surgery for cervical cancer in 1993. On the clinical note dated 06/28/2012, the injured worker complained of constant pain in both elbows with tingling and numbness. The medical records did not indicate the injured worker had functional deficits in the cervical spine. The medical records indicated that the injured worker was not taking any medications. The treatment plan was for 12 sessions of physical therapy for the cervical spine. The rationale for the request was not indicated in the medical records. The request for authorization 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:

12 Physical Therapy sessions for the cervical spine, 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) guidelines, page 114; 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 12 Physical Therapy sessions for the cervical spine, 2 times per week for 6 weeks is not medically necessary. The injured worker is diagnosed with cervical cancer in 1992 and bilateral cubital tunnel syndrome/ lateral epicondylitis. The injured worker complains of constant pain in both elbows with tingling and numbness. The California MTUS guidelines recommend 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. The guidelines recommend 8-10 visits over 4 weeks. The medical records lack documentation of functional deficits. There is a lack of documentation indicating whether the injured worker previously had physical therapy, as well as the number of sessions and the efficacy of any prior therapy. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. Additionally, the medical records did not indicate the rationale for physical therapy of the cervical spine. As such, the request for 12 Physical Therapy sessions for the cervical spine, 2 times per week for 6 weeks is not medically necessary.