

Case Number:	CM14-0148701		
Date Assigned:	09/18/2014	Date of Injury:	01/10/2013
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/12/2014

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 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 54-year-old female, who reported an injury on 01/10/2013 due to an unspecified mechanism of injury. On 02/20/2014, she reported pain in the bilateral shoulders and bilateral hands. A physical examination showed full range of motion of both shoulders, a positive Neer's test bilaterally, and 4/5 strength bilaterally. Examination of the cervical spine showed no tenderness in the trapezius, levator, and rhomboid muscle groups; no spasm or trigger points. Spurling's test and distraction test were both normal. There was no pain on extremes of motion and no cervical adenopathy. Both hands had mild Phalen's sign and mild Tinel's sign. There were intermittent symptoms of numbness and tingling in the physical examination of the median nerve distribution. Diagnostic studies included electrodiagnostic testing performed on 01/27/2014, which showed bilateral median neuropathy across both wrists consistent with bilateral mild carpal tunnel syndrome, evidence of active chronic right C7 radiculopathy. There was also mention of an unofficial MRI performed on an unspecified date that reportedly showed partial tearing off the cuff and supraspinatus on the right and tendinosis on the left. Past treatment included injections. Information regarding surgical history, relevant diagnoses, and medications was not provided in the medical records. The treatment plan was for physical therapy 2 times a week for 6 weeks for the back, bilateral shoulders, and bilateral hands and physical therapy for the back and bilateral hands times 6 sessions only.

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 6 weeks, Back, Bilateral Shoulders, Bilateral Hands:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 24-25, 57, 98-99, and 123.

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 6 weeks, Back, Bilateral Shoulders, Bilateral Hands is not medically necessary. On examination, the injured worker was noted to have full range of motion of both shoulders, 4/5 strength, a normal cervical spine exam, and intermittent symptoms of numbness and tingling with mild Phalen's sign and mild Tinel's sign of both hands. The California MTUS Guidelines state that physical medicine is recommended for myalgia and myositis unspecified for 9 to 10 visits and for neuralgia, neuritis, and radiculitis unspecified for 8 to 10 visits. Treatment frequency should be faded, plus an active self-directed home physical medicine program should be implemented. There was lack of documentation showing that the injured worker had evidence of significant functional deficits that would indicate the need for physical therapy for the back, bilateral shoulders, and bilateral hands. In addition, there was no documentation regarding past treatments, and it is unclear if the injured worker could have attended physical therapy previously. Without this information, the request for physical therapy treatment would not be supported. Given the above, the request is not medically necessary.

Physical Therapy Back Bilateral Hands times 6 sessions only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 24-25, 57, 98-99, and 123.

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

Decision rationale: The decision for Physical Therapy Back Bilateral Hands times 6 sessions only is not medically necessary. On physical examination, the injured worker was noted to have a normal cervical spine exam and a mild Phalen's/Tinel's sign along with intermittent symptoms of numbness and tingling in both hands. The California MTUS Guidelines state that physical medicine is recommended for myalgia and myositis unspecified for 9 to 10 visits and for neuralgia, neuritis, and radiculitis unspecified for 8 to 10 visits. Based on the clinical information submitted for review, the injured worker did not have any significant functional deficits that would indicate the need for physical therapy treatment. In addition, documentation regarding past treatments was not provided for review. Without knowing if the injured worker could have possibly attended physical therapy previously to address her symptoms, the request for physical therapy treatment would not be supported. As such, the request is not medically necessary.

