

Case Number:	CM14-0151242		
Date Assigned:	09/19/2014	Date of Injury:	10/17/2011
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck, bilateral shoulder, bilateral wrist, and bilateral hand pain reportedly associated with an industrial injury of October 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; transfer of care to and from various providers in various specialties; opioid therapy; and multiple carpal and cubital tunnel release surgeries. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for 12 sessions of physical therapy to the neck and bilateral hands, invoking non-MTUS ODG Guidelines in its report along with MTUS Guidelines. The applicant's attorney subsequently appealed. In a July 22, 2014, progress note, the applicant reported persistent complaints of neck pain radiating to the bilateral upper extremities along with bilateral hand and wrist pain, exacerbated by activities such as gripping, grasping, carrying, pushing, pulling, and lifting. A 6 to 8/10 pain was reported. Additional physical therapy was sought. Work restrictions were endorsed. It was not clearly stated whether or not the applicant was working with limitations in place, although this did not appear to be the case. In a prescription form dated August 5, 2014, the applicant was given prescriptions for Prilosec, Zofran, and tramadol. Physical therapy was also sought via a handwritten progress note dated May 20, 2014, in which the applicant again complained of neck pain radiating to the arms and hands. On June 17, 2014, the applicant again reported 6 to 8/10 neck, hand, and wrist pain. 12 sessions of physical therapy were sought. Work restrictions were endorsed, although, once again, it was evident whether or not the applicant was, in fact, working. In a medical-legal evaluation dated February 19, 2014, it was stated that the applicant was off of work, on total temporary disability, and had been off of work since January 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks cervical spine and bilateral wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter-Treatment for Worker's Compensation, Neck & Upper Back, Procedure summary last updated 8/4/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99, 8.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of 8-to-10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias, neuritis, and radiculitis of various body parts, the issues reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant has failed to demonstrate any such evidence of functional improvement. The applicant is off of work, on total temporary disability, and has apparently been off of work for some 18 months, it has been suggested on several occasions referenced above. The applicant remains highly dependent on various medications, including opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.