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| Case Number: | CM14-0170067 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 09/29/2011 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/29/11 when she injured her right knee. Treatments included physical therapy, acupuncture, chiropractic care, and medications. She underwent a right carpal release in October 2012 with postoperative occupational therapy. She was seen on 03/04/14. She was working without restrictions. She had completed six chiropractic treatments with improvement in neck pain. She was having ongoing right elbow and right wrist pain with numbness and tingling and daily headaches. Physical examination findings included decreased cervical spine range of motion and right wrist tenderness. There was hypesthesia over the right hand with positive Tinel at the wrist and elbow and positive Phalen testing. There was cervical paraspinal muscle tenderness with spasms and right elbow tenderness. A right wrist brace was provided. Authorization for occupational therapy and chiropractic care was requested. Ibuprofen 800 mg three times per day was prescribed. As of 05/07/14 the claimant had attended 12 therapy sessions since initial evaluation on 03/26/14. On 09/16/14 there had been increased pain beginning three weeks before. She was having neck and right upper extremity pain. She was continuing to take medications and perform a home exercise program. Physical examination writings included decreased and painful cervical spine range of motion. There was right upper extremity hypesthesia with positive Tinel at the wrist and elbow and positive Phalen testing. There was cervical spinous process and paraspinal muscle tenderness with paraspinal muscle spasms. There was right elbow tenderness and wrist tenderness. She was continued at unrestricted work. She had now completed 12 chiropractic treatment sessions and six sessions of physical therapy and six sessions of occupational therapy. Authorization for two in-office cervical spine trigger point steroid injections to be followed by six physical therapy treatment sessions was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy for the cervical spine and right elbow, two times per week over three weeks, consisting of therapeutic exercises, myofascial release, electrical stimulation and paraffin bath: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment Physical Therapy Guidelines.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck pain. Treatments have included multiple courses of physical therapy most recently in May 2014. In this case, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments which appears to be happening in this case. The claimant has no other identified impairment that would preclude her from performing such a program. As such, the request is not medically necessary.

2 steroid injection to neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck pain. The requesting provider documents cervical spinous process and paraspinal muscle tenderness with paraspinal muscle spasms. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore trigger point injections are not medically necessary.