

Case Number:	CM14-0029669		
Date Assigned:	04/09/2014	Date of Injury:	03/12/2013
Decision Date:	09/08/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Pain Management 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:

This 38 year-old patient sustained a lifting injury after carrying stuff on 3/12/13. The request under consideration include 12 sessions of physical therapy for the bilateral upper extremities. The report of 6/28/13 from sports medicine provider noted exam findings of normal cervical range; negative Spurling's intact sensation in all dermatomes; 5/5 motor strength in all upper extremity muscles with negative Phalen's and tinel's. The diagnoses included cervical strain and right trapezius strain with recommendations for medications and PT. The report of 7/19/13 noted patient being off work. The report of 12/20/13 from the provider noted the patient with ongoing chronic neck and right upper extremity pain. Abnormal EMG of bilateral upper extremity noted on 10/24/13 from provider's in-house colleague noted left CTS, bilateral ulnar sensory mononeuropathy and bilateral C6 cervical radiculopathy. There was reference to prior partial thickness rotator cuff tear/ SLAP lesion. Conservative care has included physical therapy, medications without reported improvement from PT. The exam showed neck with limited extension of zero degrees; limited range in all planes due to pain; decreased sensation diffusely in dermatomes with decreased grip and negative Tinel's. The request for 12 sessions of physical therapy for the bilateral upper extremities was partially-certified for quantity 6 on 1/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL UPPER EXTREMITIES, X12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 9, 204.

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

Decision rationale: The submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. The physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The 12 sessions of physical therapy for the bilateral upper extremities is not medically necessary and appropriate.