

Case Number:	CM14-0190945		
Date Assigned:	11/24/2014	Date of Injury:	10/06/2003
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This 55 year old male continues to complain of pain in the neck, lower back and bilateral hands due to a work injury reported on 10/6/2003. Diagnoses include carpal tunnel syndrome (CTS) right hand with status post (s/p) carpal tunnel release (CTR) and lunar nerve irritation; CTS of the left hand; disc protrusion - cervical spine; and disc bulge - lumbar spine with left-sided sciatica. Treatments have included consultations; diagnostic imaging and studies; wrist brace; CTR surgery; Physical Therapy (PT) with activity modification and a home exercise program for the neck and low back; and medication management. Progress Notes, dated 10/21/2014, note no significant change in subjective complaints of pain. Objective findings noted no gross deformity of the cervical spine, tenderness to the paraspinal region and pain with motion, spasm about the bilateral trapezial areas and mild decrease range of motion. No gross deformity to the lumbar spine, tenderness to the paraspinal area and pain with motion, spasm about the lower lumbar region, positive Lasegues test on the left and mild decrease range of motion. No abnormal findings in deep tendon reflexes, motor, sensory or strength were noted. The treatment plan included continued request for PT to include ultrasound, massage and therapeutic exercises for the cervical and lumbar, as well as medications for inflammation, swelling, spasm and pain. On 11/5/2014, Utilization Review non-certified, as medically not necessary, a request for Physical Therapy, 3 times a week for 4 weeks for the bilateral low back area and neck citing the injured worker had received extensive PT for this chronic condition with no noted documentation as to it yielding any stated benefit or objective functional improvement. Also not found was any documented rationale as to why the IW is not able to continue with his home exercise rehabilitation program; therefore recommendations set forth by MTUS guidelines for active therapy were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 weeks - Bilateral Low Back Area/Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.