

Case Number:	CM14-0215245		
Date Assigned:	01/02/2015	Date of Injury:	02/28/2007
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure:
California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 2/28/2007. Per office visit note dated 11/12/2014, the injured worker complains of intermittent neck pain rated at 3/10 which can reach 8/10. There is constant burning primarily on the left side, stiffness, muscle spasms that pull her face, muscle tension extending to both shoulders and numbness and tingling in her shoulder blades. She feels locking in her neck. Her neck pain is aggravated by standing and lying down. There is bilateral paraspinal tenderness at C4 through C7 as well as bilateral upper trapezius. Cervical range of motion is noted as 30 degrees flexion, 30 degrees extension, 25 degrees right lateral bending, 30 degrees left lateral bending, 50 degrees right rotation and 50 degrees left rotation. She is positive for Lhermitte's and Spurling's signs. X-ray of the cervical spine demonstrates advanced discopathy at C5 to C6 and to lesser extent at C6 to C7. There is evidence of both anterior and posterior spur osteophyte formation. There is notable unvertebral arthrosis primarily at C4 to C5 and C5 to C6. She has constant pain rated as 6-7/10 in her left shoulder and intermittent pain rated at 4-5/10 in her right shoulder. X-ray of the bilateral shoulders shows notable spur formation on the right greater than the left. She has constant pain rated at 4-5/10 in bilateral elbows and pain rated 4-5/10 in the right thumb and hand, and pain rated 8/10 in her left hand and wrist. X-ray of the bilateral wrist and hand shows evidence of two small cysts within the lunate. There is also occasional low back pain rated at 5/10 with

tenderness at the L3 to L4 and L4 to L5 midline. Diagnoses include 1) carpal tunnel syndrome. 2) lesion of ulnar nerve. 3) pain in limb. 4) brachial neuritis or radiculitis NOS. 5) trigger finger. 6) other tenosynovitis of hand and wrist. 7) enthesopathy of wrist and carpus. 8) cervical spondylosis without myelopathy. 9) disorders of bursae and tendons in shoulder region. 10) sprain of metacarpophalangeal joint of hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the neck, bilateral shoulders and upper extremities between 12/3/2014 and 1/17/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical medicine section

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has been injured for eight years with multiple musculoskeletal diagnoses. There is no report of prior physical therapy in regards to total number of sessions and efficacy of prior therapy. There is no report on the status of a home exercise program. The total number of sessions requested are in excess of the MTUS Guidelines recommendations. Medical necessity of this request has not been established.