

Case Number:	CM14-0218099		
Date Assigned:	01/07/2015	Date of Injury:	11/06/2012
Decision Date:	03/03/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, Illinois

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:

The injured worker is a 47 year old female who sustained an injury to her neck, left shoulder/arm, left elbow, left hand and upper back on November 6, 2012. Diagnoses included rule out cervical herniated nucleus pulposus, left C5 radiculopathy, left shoulder impingement and left ulnar nerve entrapment. On July 8, 2014, an MRI of the cervical spine revealed reversal of the normal cervical lordosis, degenerative disk and facet joint disease, 3mm central disk protrusion at C3-4 level, 3mm of diffuse broad-based disk bulging at the C5-6 level and 2-3mm of asymmetric broad-based disk bulging with prominence towards the left at the C6-7 level. On December 17, 2014, the injured worker complained of left elbow pain rated an 8 on a 1-10 pain scale, left shoulder pain rated a 9 and neck pain also rated a 9 on the pain scale. Physical examination of the bilateral hands and wrists revealed tenderness over the dorsal and volar aspects. Generalized tenderness to palpation was noted along the left elbow. There was muscle spasm of the paraspinal musculature and painful range of motion in the cervicothoracic spine. The Neer's impingement test and Hawkins-Kennedy impingement test were positive in the left shoulder. Treatment modalities listed included a left wrist brace, medications and physical therapy. Notes also included a shoulder injection with relief noted for a couple of days. In report dated May 15, 2014, medications were noted to provide pain relief and improve functional status. A request was made for 12 sessions of physical therapy for left upper extremity and cervical spine. On December 24, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the cervical spine & LUE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Shoulder

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

Decision rationale: The injured worker sustained a work related injury on November 6, 2012. The medical records provided indicate the diagnosis of rule out cervical herniated nucleus pulposus, left C5 radiculopathy, left shoulder impingement and left ulnar nerve entrapment. Treatments have included left wrist brace, medications and physical therapy. The medical records provided for review do not indicate a medical necessity for physical Therapy of the cervical spine & LUE 2 times a week for six weeks. The records indicate the injured worker had unspecified number of occupational therapy and physical therapy in 2008 and 2013. The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Therefore, the requested treatment is not medically necessary and appropriate.