

Case Number:	CM14-0219232		
Date Assigned:	01/09/2015	Date of Injury:	05/30/2011
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: Physical Medicine & Rehabilitation

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 54 year old female sustained an industrial injury reported on 5/30/2011. She has reported continued wrist pain and radiating cervical spine pain. The diagnoses have included osteoarthritis of the wrist; chronic cervical sprain with displacement of cervical intervertebral disc; and degeneration of cervical intervertebral disc; status-post thoracotomies secondary to chondrosarcoma; left repetitive stress injury; left carpal tunnel syndrome with ligament tendon tears (surgery 6/5/14); and status post removal of right wrist hardware and capsulectomy (8/8/13). Treatments to date have included consultations; diagnostic laboratory and imaging studies; left carpal tunnel release surgery (6/5/14) and right wrist surgery (8/8/13); physical therapy; home exercise program; and medication management. The injured worker was noted to have returned to work with restrictions. On 12/15/2014 Utilization Review non-certified, for medical necessity, the request for additional physical therapy for the cervical spine at 2 x a week for 3 weeks, noting the MTUS Guidelines for chronic pain medical treatment and physical medicine, were cited. The requested, 5/29/2014, agreed complex medical-legal evaluation recommended that future medical treatment should include 12 treatments of physical therapy per flare-up; or exchanged with acupuncture or chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 cervical spine: 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: This patient presents with left carpal tunnel syndrome and chronic neck pain. The current request is for physical therapy 2 x 3 cervical spine. The MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The utilization review denied the request stating that there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program. The utilization review states, "The claimant has a longstanding injury and has previously completed physical therapy." The exact dates treatment was rendered and the number of sessions completed is unknown. Prescription dated 06/27/2014 requests additional physical therapy and a home exercise program. Progress report dated 08/01/2014 under treatment plan recommends continuation of a home exercise program. On 11/25/2014, the treating physician made a request for 6 physical therapy sessions for cervical strengthening. It appears the patient has recently participated in formalized physical therapy and has been participating in a home exercise program. The treating physician does not discuss why the patient would not be able to continue with self-directed home exercises. Furthermore, there is no report of new injury, new surgery, or new diagnosis that could substantiate the current request. The requested physical therapy IS NOT medically necessary.