

Case Number:	CM15-0005614		
Date Assigned:	01/26/2015	Date of Injury:	01/31/2013
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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, Pain Management

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 53 year old male, who sustained an industrial injury on 1/31/2013. The current diagnoses are disc disorder of the cervical spine, status post fusion of C4-6, and carpal tunnel syndrome. Currently, the injured worker complains of intermittent pain in the cervical spine that is aggravated by repetitive motions of the neck. The pain is rated 4/10 on a subjective pain scale, and is characterized as dull. There is radiation of pain into the upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. Additionally, he reports constant pain in the bilateral wrist/hand that is worsening. The pain is rated 7/10, and is characterized as throbbing. Treatment to date has included medications and 22 physical therapy sessions for the treatment of cervicalgia. A progress report dated December 2, 2014 identifies subjective complaints of cervical pain, right shoulder pain, and bilateral wrist/hand pain. Physical examination findings reveal positive palmar compression test with positive Tinel's sign over the carpal tunnel. Cervical spine examination reveals muscle tenderness with range of motion limited by pain. Diagnoses include carpal tunnel syndrome, cervical disc disorder, and shoulder joint derangement. The treatment plan recommends an MRI of the right shoulder and physical therapy for the cervical spine, wrist/hand at a rate of twice a week for 6 weeks. On 12/11/2014, Utilization Review had non-certified a request for 12 sessions of physical therapy for the cervical spine and bilateral wrist/hands. The physical therapy was modified to 5 sessions for the bilateral wrist/hands only. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; 12 session 2 times a week for 6 weeks Cervical Spine and bilateral wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173 and 265, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2018). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 therapy visits for CTS. 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 ODG for Carpal Tunnel Syndrome and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.