

Case Number:	CM15-0106143		
Date Assigned:	06/10/2015	Date of Injury:	04/01/2013
Decision Date:	08/18/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65 year old female with an industrial injury dated 04/1/2013. Her diagnoses included cervical spine disc protrusion and bilateral carpal tunnel syndrome. Prior treatment included cervical epidural steroid injection, medication and diagnostics. She presents on 04/28/2015 complaining of neck, right shoulder and right arm pain rated as 6/10. She reports that the pain is associated with weakness in right shoulder and arm and tingling in right arm. Physical exam of the cervical spine revealed tenderness to palpation over bilateral paraspinal muscles. Examination of the shoulder revealed range of motion was - 10 degrees in all planes. Sensation was decreased in biceps and triceps. EMG dated 10/2014 revealed bilateral carpal tunnel syndrome. Treatment plan included physical therapy for cervical spine, right tunnel release with associated services and medications. Treatment request is for physical therapy 3 times a week for 4 weeks, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-999.

Decision rationale: Physical therapy 3 times a week for 4 weeks, cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would exceed MTUS Guideline recommendations therefore this request is not medically necessary.