

Case Number:	CM15-0010755		
Date Assigned:	01/30/2015	Date of Injury:	08/19/2012
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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, Hawaii
 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 39- year old female, who sustained an industrial injury on August 19, 2012. She has reported wrist pain, which occurred when lifting a bed cover. The worker continued to work for two years with progressively worsening symptoms to include worsening pain more on the right than the left. Pain was described as worsening with turning her head to the left with burning and pulsating feeling in her left shoulder. The diagnoses have included carpal tunnel syndrome, lateral epicondylitis, cervicobrachial syndrome, back disorder and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included pain medication, physical therapy with home exercise program, ice/heat therapy, activity restrictions, rest, chiropractic therapy, acupuncture therapy, steroid injections and routine monitoring. Currently, the IW complains of neck, shoulder and lower back pain. Range of motion of the cervical spine was full but guarded and painful, turning her head produced electrical shocks down the arm. Facet tenderness noted in the C2, C4, C5 and C6. Tenderness was noted at the paracervical muscles, rhomboids and trapezius. Multiple myofascial trigger points were noted. The right hand had pain with restricted extension. There was light touch sensation in the C4-C5 dermatomes. On December 30, 2014, the Utilization Review decision non-certified a request for physical therapy two times per week for four weeks, noting the request did not state what body part was to receive the therapy and there was no documentation of response to previous physical therapy. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of physical therapy visits two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (unspecified body part): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities. The current request is for Physical therapy 2 x 4 (unspecified body part). The treating physician report dated 11/26/14 states, "the goals for Ms. M, are as follows: Implementation of a home exercise program. Previous treatments have failed. Prior focus of therapy has been simply on the wrist and elbow without attention to posture and cervical spine. Patient with difficulty tolerating medications clearly has some elements of pain coming from her neck and has never been educated on proper posture or postural strengthening for HEP. She will need this information to manage her sx and allow her to continue working." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. Medical reports provided note that the patient received therapy over a year ago for her upper extremities. The requesting treating physician report dated 11/26/14, notes that the current request for therapy is for the neck, right arm, and lateral epicondyle. In this case, prior therapy focused on the upper extremities and not on the cervical spine. Furthermore, the physician is requesting 8 physical therapy visits so the patient can implement a structured home exercise program. The current request for 8 visits is within the 8-10 sessions recommended by the MTUS guidelines. Recommendation is for authorization.