

Case Number:	CM15-0017458		
Date Assigned:	02/05/2015	Date of Injury:	06/16/1993
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 75-year-old male who reported an injury on 06/16/1993. The mechanism of injury was not provided. The documentation of 11/05/2014 revealed a physical examination in which the injured worker had positive Spurling's test bilaterally, and the sensory examination in the upper extremities revealed decreased sensation in C6 and C7 dermatomes. The treatment plan included physical therapy to the cervical spine and bilateral upper extremities 2 to 3 times a week for 4 weeks. The documentation of 01/05/2015, revealed the injured worker continued to experience intermittent neck pain with radiation to the right upper extremity, and intermittent back pain. The injured worker had right wrist and hand pain with radiation to the 4th and 5th fingers, with associated numbness and tingling, as well as weakness, and the injured worker indicated that neck, mid back, and low back pain feel better with therapy. The right hand was noted to have worsened. The injured worker was attending physical therapy 2 times a week. The physical examination revealed the injured worker had a positive Tinel's sign in the right elbow. There was decreased sensation in the ulnar distribution. The diagnosis included status post interlaminar laminotomy, cervical solid fusion at C3-C6 with degenerative changes but without critical stenosis, bilateral carpal tunnel syndrome, right more than left, status post multiple thoracic and lumbar surgeries with residuals, degenerative spondylolisthesis at C7-T1 but with central and lateral recess stenosis per the CT, status post right carpal tunnel release with residuals on 04/09/2014, status post anterior cervical decompression and fusion with residuals, referred bilateral upper extremity symptoms, and right cubital tunnel syndrome. The treatment plan included medications and a followup appointment. The injured worker's medications were

noted to include Norco 10/325 mg 1 by mouth every 6 hours as needed, Neurontin 40 mg 1 by mouth 3 times a day, Senokot S 8.6 mg 2 by mouth twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, right shoulder and bilateral upper extremities 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for injured workers, for the treatment of myalgia and myositis, and radiculitis, for up to 10 visits. The clinical documentation submitted for review failed to indicate the injured worker had objective findings to support the necessity for therapy. There was a lack of documentation of objective functional deficits to support the necessity for the treatment. The documentation failed to indicate the quantity of sessions previously attended, and the objective functional benefit. Given the above, and the lack of documentation, the request for physical therapy for the cervical spine, right shoulder and bilateral upper extremities 2 times a week for 4 weeks, is not medically necessary.