

Case Number:	CM15-0115881		
Date Assigned:	06/24/2015	Date of Injury:	08/13/2014
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

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 female who sustained an industrial injury on 8/13/14 from a motor vehicle accident sustaining a whiplash injury. She currently complains of constant cervical spine pain with radiation into the upper extremities with numbness and tingling that is aggravated by repetitive neck motion with associated migraine and tension headaches with a pain level of 8/10; low back pain that is constant (8/10); constant right wrist and hand pain (8/10); constant right thumb pain and swelling (8/10). On physical exam of the cervical spine and right upper extremity there was paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, pain in the upper extremities, cervical radiculopathy with numbness in the carpal tunnel; positive palmer compression test subsequent to Phalen's maneuver, positive Tinel's with decreased range of motion; there was tenderness of the right thumb at the carpometacarpal joint with positive grinding sign and .painful range of motion; pain and tenderness in the mid to distal lumbar segments with positive seated nerve root test and decreased range of motion. She has limited activities of daily living involving hand function, physical activity, self-care/ hygiene and sleep. Industrial medications were not specifically identified. Diagnoses include cervical/ lumbar discopathy; cervicgia; carpal tunnel/ double crush syndrome. Treatments to date include physical therapy (started 2/23/15, she has had prior sessions of physical therapy with improved pain control and functional improvement per note dated 1/20/15); brace. Diagnostics include MRI of the cervical and lumbar spine (2/9/15) with abnormalities; MRI of the lumbar spine (2/9/15) showing disc abnormalities; MRI of the right wrist (2/9/15) showing no fractures or dislocations; electrodiagnostic studies of upper and

lower extremities (2/4/15) were normal. In the progress note dated 4/17/15 the treating provider's plan of care includes a request for physical therapy for the cervical and lumbar spine twice 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:

8 PT Sessions Cervical/Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2014 as the result of a motor vehicle accident and continues to be treated for neck pain. From February through April 2015, eight physical therapy treatments were provided. When seen, she was having constant, unchanged neck pain rated at 8/10. There was decreased and painful cervical spine range of motion with muscle tenderness and spasms. There was positive Spurling and Compression testing. There was decreased upper extremity strength with numbness and tingling. The claimant has recently had skilled therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy services does not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The requested additional therapy is not medically necessary.