

Case Number:	CM15-0116353		
Date Assigned:	06/24/2015	Date of Injury:	02/16/2010
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on 2/16/10. She reported pain in her neck, right shoulder and right wrist. The injured worker was diagnosed as having right carpal tunnel syndrome, neck sprain and right rotator cuff sprain. Treatment to date has included a cervical MRI on 2/18/15, physical therapy, Naproxen and Ibuprofen. On 2/4/15, the treating physician noted mild tenderness over the left trapezius and normal cervical strength and tone. The injured worker had several sessions of physical therapy in the interim. As of the PR2 dated 5/29/15, the injured worker reported continued pain in her neck, right shoulder and right wrist. Objective findings include mild tenderness over the left trapezius and restricted cervical range of motion. The treating physician requested continued physical therapy 2 x weekly for 4 weeks for the cervical spine and cervical traction unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2x4 cervical spine: Upheld

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

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

Decision rationale: MTUS Guidelines recommend that 8-10 sessions of hands on physical therapy is adequate for chronic soft tissue injury and pain. This individual has completed 8 sessions with reported improvement and development of a home exercise program. A few additional sessions may be reasonable for additional education and perhaps a trial of traction. However, the request for 8 sessions significantly exceeds Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Continued physical therapy 2x4 cervical spine is not supported by Guidelines and is not medically necessary.

Cervical traction unit for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and upper Back - Traction.

Decision rationale: MTUS Guidelines allows for a trial of traction without stating that a particular set of symptoms should be present. ODG Guidelines is more specific and recommends at least a trial of home traction for individuals with a radicular syndrome. The requesting physician has reported a pain pattern and exam findings (diminished sensation) that are consistent with MRI results. These findings qualify for at least a diagnosis of radiculitis. The Guidelines do not differentiate between rental or purchase of such a unit. Under these circumstances, a home cervical traction unit purchase is medically necessary.