

Case Number:	CM15-0119473		
Date Assigned:	07/06/2015	Date of Injury:	04/23/2012
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: Pennsylvania, Ohio, 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 61 year old female who sustained a work related injury April 23, 2012. Past history included carpal tunnel syndrome, right elbow lateral epicondylitis, right and left shoulder impingement syndrome, asthma, and thyroid disease. According to the most recent orthopedic medical re-evaluation, dated March 10, 2015, the electrodiagnostic studies, dated June 17, 2014, revealed bilateral chronic C7 radiculopathy and right moderate carpal tunnel syndrome. She reports receiving additional physical therapy for her neck, not receiving the recommended cortisone injection for her shoulders, and although surgery was recommended for a right carpal tunnel release, she prefers waiting until after vacation. She did receive a cortisone injection to her right wrist without any noted benefit. Present complaints included frequent neck pain radiating to the shoulders, elbows and upper back with associated stiffness, numbness and tingling as well as clicking and popping sensations. She continues with constant right and left wrist and hand pain radiating to the fingers, more intense in the right hand and wrist. She is able to perform light cooking and grocery shopping, shower/bathe, hygiene care and limited dressing. On average, she rates her pain 8/10. Diagnoses are myofascial sprain of the cervical spine; cervical radiculopathy; sprain and impingement syndrome, right and left shoulder; partial rotator cuff tear and labral tear, right shoulder. According to a request for authorization form and at issue, is the request for authorization for physical therapy for the cervical and thoracic spine 2 x 6, dated June 11, 2015. Diagnoses are documented as listhesis; spinal stenosis; disc protrusion; rotation of spinous process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for cervical and thoracic spine 2x6: Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.