MAXIMUS Federal Services

Case Number:	CM15-0123994		
Date Assigned:	07/08/2015	Date of Injury:	09/09/2006
Decision Date:	08/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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: Family Practice

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 48-year-old male, who sustained an industrial injury on 09/09/2006. The injured worker was noted to have left arm issues as a result of working at a toll booth. On provider visit dated 04/29/2015 the injured worker has reported left arm pain. On examination of the left upper extremity revealed a visible AV fistula, with a positive thrill noted. Diffuse tenderness was noted around the scars of the AV fistula and C6-C7 dermatome on the left upper extremity. Deep tendon reflexes are diminished and hand grip is diminished as well. Tenderness to palpation in the cervicothoracic musculature on the left side was noted as well. The diagnoses have included spine of neck. Treatment to date has included medications, injections, and physical therapy. The injured worker was noted to be able to return to work on modified duty. The provider requested physical therapy session for cervical spine and transcutaneous electric nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy session for Cervical Spine, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient receives treatment for chronic pain involving the neck and the left upper extremity. This dates back to an industrial related injury dated 09/09/2006. On examination there was tenderness involving the A-V fistula scarring and the paracervical and thoracic muscles. DTRs were reduced and a weak hand grip was noted. This review addresses a request for one PT session for the cervical spine. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. A physical therapy session is not medically necessary.

Transcutaneous Electrical Nerve Stimulator unit, Purchase Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic pain involving the neck and the left upper extremity. This dates back to an industrial related injury dated 09/09/2006. On examination there was tenderness involving the A-V fistula scarring and the paracervical and thoracic muscles. DTRs were reduced and a weak hand grip was noted. This review addresses a request for one PT session for the cervical spine. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. A physical therapy session is not medically necessary.