

Case Number:	CM15-0126503		
Date Assigned:	07/13/2015	Date of Injury:	03/15/2008
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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 42 year old female who sustained a repetitive industrial injury to the upper extremities on 03/15/2008. The injured worker was diagnosed with multi-level degenerative disc disease of cervical spine, brachial plexus lesion and chronic pain syndrome. Treatment to date has included diagnostic testing, physical therapy, acupuncture therapy and medications. According to the primary treating physician's progress report on May 20, 2015, the injured worker continues to experience chronic neck and upper extremity pain. The injured worker rates her pain level at 8/10. The injured worker reports increased pain, numbness and tingling when her arms at her side and when sleeping. The injured worker is currently undergoing acupuncture therapy which is beneficial. Examination demonstrated tenderness to palpation at cervical paraspinal muscles with tension extending into the bilateral upper trapezius muscles. Range of motion of the cervical spine is decreased by 20% with flexion, extension and rotation bilaterally. Sensation was decreased to light touch along the right upper extremity more so than the left upper extremity. Grip and motor strength of bilateral upper extremity were documented at 5/5. Tinell's was negative bilaterally at the elbows and wrists. Current medications are listed as Tramadol, Naproxen, Pantoprazole and topical analgesics. Treatment plan consists of continuing with acupuncture therapy and medication regimen and the current request for a brachial plexus magnetic resonance imaging (MRI) and physical therapy twice a week for 6 weeks for the cervical/brachial plexus region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks of edge low protocol for cervical region/brachial plexus: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 90.

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 repetitive stress injury with a date of injury in March 2008. She continued to be treated for chronic neck and upper extremity pain. When seen, she was having symptoms especially with her arms down at her side. She was receiving acupuncture treatments with reported improvement in muscle tension and pain. She was no longer breast-feeding and wanted to resume taking oral medications. There was decreased cervical spine range of motion and decreased upper extremity sensation. There was cervical paraspinal and upper trapezius muscle tenderness. Additional testing was ordered. Acupuncture was continued and medications were prescribed. Physical therapy for brachial plexopathy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was likely to be effective. The request is not medically necessary.