

Case Number:	CM15-0073806		
Date Assigned:	04/23/2015	Date of Injury:	07/22/2014
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old female, who sustained an industrial injury on 07/22/2014. She has reported injury to the neck and right upper extremity. The diagnoses have included cervicalgia with degenerative disc disease and spondylolisthesis; right lateral epicondylitis; and right radial/carpal tunnel syndrome. Treatment to date has included medications, diagnostics, and physical therapy. A progress note from the treating physician, dated 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of cervical spine pain; right arm pain; intermittent radiculopathy in her right hand; constant right forearm pain that goes down into her right hand; and pain that goes into her right shoulder and right trapezial area. Objective findings have included cervical pain at the limits of range of motion, and especially into the right trapezial area; and slight tenderness over the right lateral epicondyle and over the area of the radial tunnel arcade of Froesch. The treatment plan has included the request for physical therapy 2 x 6 to cervical/right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 to Cervical/ Right Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week for six weeks to the cervical spine and right upper extremity is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervicalgia with degenerative disc disease and spondylolisthesis; right lateral epicondylitis; right radial tolerance syndrome; right carpal tunnel syndrome; and equivocal right cubital tunnel syndrome. Documentation from a February 11, 2015 progress note shows the treating provider requested 12 physical therapy sessions. A utilization review dated February 25, 2015 shows 12 physical therapy sessions were authorized. The request for authorization dated March 17, 2015 shows an additional 12 physical therapy sessions were requested. There were no progress notes or physical therapy progress notes regarding physical therapy addressing objective functional improvement referencing the first 12 physical therapy sessions. There is no clinical rationale in a subsequent progress note referencing the request for authorization dated March 17, 2015. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement and clinical documentation of prior physical therapy rendered to date and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times a week for six weeks to the cervical spine and right upper extremity is not medically necessary.