

Case Number:	CM13-0013300		
Date Assigned:	09/25/2013	Date of Injury:	03/27/2011
Decision Date:	12/17/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female with a date of injury of 03/27/2011. According to initial comprehensive orthopedic consultation from 04/09/2013, the patient presents with neck, low back, bilateral shoulder, and left knee/ankle pain. Examination revealed tenderness to palpation noted along the splenius capitis on the right side and trapezius muscles bilaterally. Range of motion was decreased on all planes. Examination of the lumbar spine revealed tenderness to palpation over the multifidus muscles bilaterally. There is associated guarding noted. Range of motion was decreased in all planes. Examination of the shoulders revealed tenderness to palpation noted the along the anterior glenoids bilaterally and positive Neer's and Hawkins' impingement test of the right shoulder. Examination of the left knee revealed tenderness to palpation along the medial joint line and positive medial McMurray's test was noted. Examination of the left ankle revealed tenderness to palpation noted along the retrocalcaneal bursa. The listed diagnoses are: 1. Sprain/strain of the cervical spine, chronic. 2. Palpable herniated nucleus pulposus of the cervical spine. 3. Sprain/strain of the lumbar spine, chronic. 4. Probable herniated nucleus pulposus of the lumbar spine. 5. Impingement syndrome of the right shoulder. 6. Rotator cuff strain of the bilateral shoulders. 7. Rule out anterior labral tear of the right shoulder. 8. Rule out cuff tears of the right shoulder. 9. Sprain/strain of the left knee, chronic. 10. Strain of the left ankle, chronic. 11. Retrocalcaneal bursitis of the left foot. This is a request for physical therapy treatments 2 times a week for 3 weeks for the cervical spine and lumbar spine, bilateral shoulders, left knee, and left ankle. Utilization Review denied the request on 07/15/2013. Treatment reports from 04/09/2013 through 09/24/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatments two (2) times per week over three (3) weeks for Cervical and Lumbar Spines , Bilateral Shoulders , Left Knee, and Ankle: Upheld

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

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

Decision rationale: This patient presents with neck, low back, bilateral shoulder, left knee, and left ankle pain. This is a request for physical therapy treatment 2 times a week over 3 weeks for the cervical spine and lumbar spine, bilateral shoulders, left knee, and left ankle. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy progress reports. The Utilization Review from 07/15/2013 indicates that the patient has participated in 12 physical therapy sessions between 10/20/2011 and 06/08/2013. The pain management specialist, provides a recount of this patient's medical history in his report from 08/23/2014. It was noted that on 06/16/2011 the patient was recommended for 6 physical therapy sessions and on 5/11/11 the patient was recommended to start "more physical therapy." Multiple subsequent progress report indicates the patient participated in physical therapy and subsequently transitioned into a home exercise program. In this case, the patient has received 12 physical therapy sessions and the treating physician's request for 6 additional sessions exceeds what is recommended by MTUS. Furthermore, it appears the patient has been instructed in a home exercise program and the treating physician does not discuss why the patient would not be able to continue with such. The request is not medically necessary.