

Case Number:	CM13-0019864		
Date Assigned:	02/12/2014	Date of Injury:	04/15/2013
Decision Date:	04/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

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 Medicine and Rehabilitation, 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:

According to the records made available for review, this is a 29-year-old male with a 4/15/13 date of injury. At the time (6/12/13) of request for authorization for physical therapy for the left shoulder, left elbow, cervical spine, thoracic spine and lumbar spine two times a week four four weeks, there is documentation of subjective (pain in the neck, low back, left elbow, and left shoulder, with radiating numbness and tingling of the left upper extremity and left lower extremity) and objective (tenderness and spasm over the lumbar paraspinals, positive straight leg raise bilaterally, tenderness and spasm over the cervical paraspinals, decreased sensation over the C6 and C7 dermatomes, and over the L4-5 and S1 dermatomes on the left, tenderness over the left shoulder and upper arm with a positive Neer's test, and positive Tinel's over the left elbow) findings, current diagnoses (cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, left shoulder sprain/strain, and left elbow sprain/strain), and treatment to date (3 sessions of physical therapy completed in early June 2013 with no documentation of objective functional improvement). There is no documentation of remaining functional deficits and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER , LEFT ELBOW, CERVICAL SPINE, THORACIC SPINE AND LUMBAR SPINE TWO TIMES A WEEK FOUR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK; SHOULDER; LOW BACK; ELBOW; PHYSICAL THERAPY and OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, left shoulder sprain/strain, and left elbow sprain/strain. In addition, there is documentation of 3 previous physical therapy sessions completed to date in June 2013. However, the proposed number of sessions, in addition to the sessions already completed, exceed guidelines. In addition, despite documentation of objective findings (tenderness and spasm over the lumbar paraspinals, positive straight leg raise bilaterally, tenderness and spasm over the cervical paraspinals, decreased sensation over the C6 and C7 dermatomes, and over the L4-5 and S1 dermatomes on the left, tenderness over the left shoulder and upper arm with a positive Neer's test, and positive Tinel's over the left elbow), there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the left shoulder, left elbow, cervical spine, thoracic spine and lumbar spine two times a week four four weeks is not medically necessary.