

Case Number:	CM13-0019900		
Date Assigned:	11/08/2013	Date of Injury:	09/13/2011
Decision Date:	09/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/04/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 male with a work injury dated 9/13/11. The diagnoses include post-traumatic cervical hyperflexion-extension injury, cervicgia), and cervical sprain; bilateral shoulder strain, thoracic spine pain and strain, lumbosacral strain, left wrist ulnocarpal strain and injury, and right knee contusion. Under consideration is a request for physical therapy, electrical muscle stimulation, myofascial release for the cervical spine lumbar spine and wrist once weekly for eight weeks. There is a primary treating physician report dated 7/24/13 that states that the patient has constant moderate neck pain, low back pain; left hand and wrist pain. There is painful and limited range of motion of the cervical spine Lumbar spine. Digital palpation of the paraspinal muscles elicit spasm and produce pain and tenderness: MRI cervical spine 2/13/12 revealed C5-C6. C6-C7 disc bulging: Lumbar MRI L4-L5 disc bulging. There is a request for 8 additional visits of physical therapy to the cervical, lumbar spine and left wrist/hand. The patient is to remain off work until 9/19/13. There is a 4/17/13 document that states that the patient continues to complain of constant moderate neck pain, low back pain; left hand and wrist pain. On exam there is painful and limited range of motion of the cervical spine and lumbar spine. Digital palpation of the paraspinal muscles elicit spasm and produce pain and tenderness. There is a request for 8 additional Physical Therapy (PT) visits. The patient is to remain off of work until 6/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, ELECTRICAL MUSCLE STIMULATION, MYOFASCIAL RELEASE, FOR THE CERVICAL SPINE, LUMBAR SPINE, AND WRIST ONCE WEEKLY FOR EIGHT WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) ;physical medicine ; Manual therapy & manipulation Page(s): 121, 98-99, 58-59.

Decision rationale: NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation submitted does not reveal patient has had a stroke or is receiving post stroke rehabilitation. In regards to myofascial release the guidelines state that therapeutic care involves a trial of 6 visits over 2 weeks, with evidence of objective functional improvement with a total of up to 18 visits. The documentation indicates that the patient has had chiropractic care in the past. It is unclear how many sessions he has had. The documentation is not clear on efficacy of these sessions. Furthermore the request for 8 sessions exceeds a trial recommendation of 6 sessions if warranted. The documentation indicates that the patient has had excessive Physical Therapy (PT) in the past without evidence of functional improvement as defined by the MTUS. The request for continued PT is not medically necessary. The request is not medically necessary and appropriate.