

Case Number:	CM13-0020306		
Date Assigned:	10/11/2013	Date of Injury:	06/28/2012
Decision Date:	02/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 46-year-old female who reported a work related injury on 06/28/2012, as a result of cumulative trauma to the bilateral knees, bilateral shoulders, and lumbar spine. A clinical note dated 08/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documented upon physical exam of the patient that tenderness was noted in the bilateral paravertebral regions at the L4-5 and L5-S1 levels. Extension and bilateral rotation of the lumbar spine were positive for back pain. The range of motion of the lumbar spine was restricted. The provider documented positive straight leg raise to the left at 40 degrees, diminished sensation in the L5 distribution on the left; however, motor strength was noted to be 5/5 throughout the bilateral lower extremities with reflexes 2+ and equal in the bilateral lower extremities. The provider is requesting physical therapy 2 to 3 times per week for 12 total sessions for the right shoulder and lumbar spine. The provider documents the patient last utilized physical therapy interventions for rotator cuff repair of the right shoulder in 1999. The provider is requesting physical therapy interventions to educate the patient in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support electrodiagnostic studies of the bilateral lower extremities at this point in the patient's treatment. The provider documents the patient presents with evidence of left L5 radiculopathy. The patient is status post an MRI of the lumbar spine dated 09/03/2013, signed by Dr. Epstein which revealed facet arthroses, ligamentum flavum redundancy, and mild left neural foraminal narrowing at the L4-5, L5-S1 levels. The provider documents the patient presented with no motor and no neurological deficits upon exam. Given the lack of significant objective findings upon physical exam of the patient, the request for EMG/NCV of bilateral extremities is not medically necessary nor appropriate

Physical therapy 2-3 times per week for 12 total sessions to the right shoulder and lumbar spine: 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): 99.

Decision rationale: The Physician Reviewer's decision rationale: The provider documents the patient has not utilized supervised therapeutic interventions for quite some time for right shoulder or lumbar spine pain complaints. The provider is recommending physical therapy interventions for the patient to be trained in an independent home exercise program. Whereas a few sessions for education in an independent home exercise program may be indicated for this patient, the current request is excessive in nature. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home medicine. The current request cannot be modified; therefore, the request for Physical therapy 2-3 times per week for 12 total sessions to the right shoulder and lumbar spine is not medically necessary nor appropriate.