

Case Number:	CM13-0024097		
Date Assigned:	11/20/2013	Date of Injury:	08/22/2012
Decision Date:	01/09/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/13/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York 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.

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 55-year-old male with a reported date of injury on 08/22/2012. The mechanism of injury was a repetitive use injury. The patient had tenderness to palpation over the cervical paraspinal musculature, lumbar paraspinal musculature, upper trapezius muscles, over the lateral and to a lesser extent over the medial epicondyle, and tenderness to palpation over the distal flexor and extensor tendons of the forearm and wrist, subacromial crepitus was present upon passive range of motion. The patient had a negative Yeoman's test, 651 was negative, Yergason's test was negative bilaterally, Finkelstein's test was negative, there was no ligamentous laxity with valgus and varus tests as well as anterior drawer test, and McMurray's test was negative. The patient had diagnoses of cervical/trapezial musculoligamentous sprain/strain with attendant left upper extremity radiculitis, bilateral shoulder parascapular strain with attendant impingement syndrome and bursitis, left elbow medial and lateral epicondylitis and left cubital tunnel syndrome, left forearm and wrist flexor and extensor tendinitis with carpal tunnel syndrome, lumbosacral musculoligamentous sprain/strain with attendant left lower extremity radiculitis, knee patellofemoral arthralgia, and emotional complaints of depression and stress secondary to chronic pain and disability. The physician's treatment plan included request for physical therapy 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The guidelines also recommend patients should undergo a 6 session trial of physical therapy followed by a complete assessment of the patient's condition in order to assess functional improvement before continuing therapy. The patient's cervical spine range of motion was assessed and documented as follows: 40 degrees of flexion, 48 degrees of extension, 54 degrees of right rotation, 56 degrees of left rotation, 30 degrees of right lateral flexion, and 30 degrees of left lateral flexion. The patient's lumbar spine range of motion was assessed and documented as follows: 45 degrees of flexion, 10 degrees of extension, 13 degrees of right side bending, and 10 degrees of left side bending. The patient's right shoulder range of motion was assessed and documented as follows: 160 degrees of flexion, 40 degrees of extension, 150 degrees of abduction, 40 degrees of adduction, 73 degrees of internal rotation, and 65 degrees of external rotation. The patient's left shoulder range of motion was assessed and documented as follows: 160 degrees of flexion, 40 degrees of extension, 160 degrees of abduction, 40 degrees of adduction, 70 degrees of internal rotation, and 68 degrees of external rotation. The patient's left elbow range of motion was assessed and documented as follows: 140 degrees of flexion, 40 degrees of extension, 80 degrees of supination, and 80 degrees of pronation. The patient's left wrist range of motion was assessed and documented as follows: 60 degrees of flexion, 60 degrees of extension, 20 degrees of radial deviation, and 30 degrees of ulnar deviation. The patient's left knee range of motion was assessed and documented as follows: 140 degrees of flexion and 0 degrees of extension. The patient's grip strength was assessed with a Jamar dynamometer and the readings were as follows: 20/20/20 kg right major hand and 10/8/8 kg on the left minor hand. The provider noted a request for a course of physical therapy at a frequency of 2 times per week for 4 weeks directed to the shoulders, left elbow, left wrist, and left knee was made to increase range of motion and strength and decrease muscle pain and spasms. While the patient had deficits with range of motion as well as strength, the Guidelines recommend an initial trial of 6 sessions followed by an assessment of the patient's