

Case Number:	CM13-0035087		
Date Assigned:	12/13/2013	Date of Injury:	07/19/2011
Decision Date:	05/16/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine, 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:

Primary care evaluations were performed on May 24, and August 29, 2013. Comprehensive primary physician report written on June 10, 2013 for the May 10, 2013 evaluation. Physical therapy reports July 10 to August 14, 2013 [8 sessions]. The injured worker stepped in a hole July 19, 2011, with resulting cervical, mid-back, bilateral knee, right ankle and left wrist pain. Ankle was wrapped, films taken and she received rest and chiropractic treatment for two weeks, then office duty only. She returned to full duty August 9, 2011 with the restriction of no prolonged standing. In September she was referred to Orthopedics. Chiropractic treatment for two weeks was prescribed and felt helpful; she was declared permanent and stationary in January 2012 and returned to full work. On April 30, 2013 she fell again, with left foot or ankle, elbow and wrist and right knee injuries. She saw an unnamed physician, received films and a boot for the injured foot and started a home exercise program (HEP). Knee symptoms resolved by May 2013. No further diagnostic studies were performed. MD progress note of May 24, 2013 reports four out of twelve physical therapy (PT) visits completed, with residual cervical, thoracic and lumbar pain. Examination reports only trapezius and rhomboid tenderness. No neurologic findings are described. Continued PT including TENS (transcutaneous electrical nerve stimulation) was prescribed, with HEP (home exercise program) and medication without change. These were reported August 29, 2013 to be etodolac and alprazolam. 5/30 comprehensive evaluation again reports thoracic paraspinal, trapezius and rhomboid spinal tenderness only, with a comprehensive negative neurological and circulatory examination. Depression is reported. By August 29, 2013 she was working regular duties, on modified duty from a separate injury. She had completed 8 sessions of PT from July 10 to August 14, 2013 with resulting reduced pain. Flexibility was improved by home exercise. Then examination reports only trapezius and rhomboid tenderness. No neurologic findings are described. Symptoms referable to the present

injury include upper back pain, occasional neck pain and some local mid-upper back tingling not considered neurological in origin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Section, Page(s): 98.

Decision rationale: The recommended number of sessions for the management of chronic myalgia is nine to ten visits over eight weeks are to allow for fading of treatment frequency, from up to three visits per week to one or less, plus active self directed physical medicine. The injured worker has had two courses of physical therapy for her chronic cervical, thoracic and lumbar myofascial back pain, for a total of 12 to 24 sessions. Each course has proven beneficial. The Chronic Pain Medical Treatment Guidelines for physical therapy are to allow for fading of treatment frequency, from up to three visits per week to one or less, plus active self directed physical medicine. The worker reports benefit from her active self-directed physical medicine program. There has been no acute exacerbation of symptoms. The request for twelve sessions of physical therapy is not medically necessary or appropriate.