

Case Number:	CM13-0038923		
Date Assigned:	12/18/2013	Date of Injury:	08/13/2012
Decision Date:	02/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/01/2013

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 Occupational 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 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 65 year old female with a work related date of injury 09/19/90-12/10/12. The patient was treated with conservative care which consisted of medication (Morbic and Tylenol #3), TENS unit, diagnostic testing, and PT. Evaluation by the PTP 07/17/2013 the patients current complaints were headaches, neck pain, mid-back pain and lower back pain, left shoulder pain, left elbow-forearm and wrist hand pain and pain into hips and knee. Findings revealed tenderness of cervical, thoracic and lumbar paraspinal muscles, bilateral A/C jts, bilateral bicep tendon, bilateral medial-lateral elbow and bilateral wrist extensor muscle. Hypoesthesia noted in cervical and lumbar dermatomes, (+) SLR, (+) shoulder impingement. Diagnoses of cervical, thoracic and lumbar spine myofascitis; radiculopathy to upper lower extremity, MRI's scans of cervical, thoracic and lumbar spines indicative of marked to moderate disc and joint pathology with high medical probability causing impingement and entrapment of thecal sac, nerve root pressure and leading to radiculopathy to bilateral upper-lower limbs, exacerbation of bilateral shoulders with impingement syndrome and exacerbation of bilateral elbow and wrist with tendonitis. The patient has had multiple sessions of PT; there is no documentation of the PT effectiveness in increasing function or relieving pain. UR reviewed a medical progress report 08/28/2013 by [REDACTED] not included in records the most recent PTP report included in meds were 7/17/13 [REDACTED] does not request PT. Application for IMR refers to report by provided [REDACTED] but no reports by that physician are included in medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three 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 physical medicine Page(s): 98.

Decision rationale: CA MTUS physical medicine guidelines allow for fading of treatment with PT. Also, the guides recommend 9-10 visits for myalgia or myositis and 8-10 visits for neuritis, neuralgia or radiculitis. The patient has had 20 sessions of PT, and there is no clear indication in the given records as to the benefit of PT. MTUS would allow for PT if there is documented benefit for it, including functional improvement or reduction in pain. There is no such documentation and the request exceeds guidelines. There is no indication why home exercise programs are not being used. Physical therapy may not be an appropriate intervention for this patient. Therefore it is not necessary.