

Case Number:	CM13-0039450		
Date Assigned:	03/24/2014	Date of Injury:	09/17/2007
Decision Date:	08/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 claimant was injured on 09/17/07 and 8 PT visits have been recommended for the cervical and lumbar spine. These are under review. The claimant also has problems with his heart, GERD, hemorrhoids, left shoulder, and left knee. He was evaluated on 02/20/13 and was diagnosed with right bicipital tendinitis only. On 08/22/13, he saw [REDACTED] for cumulative trauma injuries affecting his neck, shoulders, low back, and left knee. The MRIs and EMG/nerve conduction studies were done. He declines surgery. He reported intermittent to moderate neck pain with pain radiating to the bilateral shoulders and increasing with movement; intermittent moderate pain in the right shoulder radiating to the upper arm that increased with movement and activities; intermittent moderate pain in the left shoulder and low back radiating to the lower extremities; intermittent moderate pain in the left knee that increases with prolonged activities with episodes of buckling and giving way. He was taking ibuprofen. Examination of the cervical spine revealed increased tone with tenderness, no trigger points, and some guarding. He had mildly limited range of motion and intact sensation. There were no focal deficits. Examination of the shoulders revealed decreased range of motion with positive impingement on the right and supraspinatus weakness bilaterally. He had tenderness about the paralumbar region and over the L5-S1 facets and right greater sciatic notch. There were muscle spasms. He had decreased range of motion and positive Patrick-Fabere test. He had a positive Lasegue's on the left. There were no focal neurologic deficits. He walked normally and without a limp and could not squat fully. Diagnoses included cervical spine sprain with radicular complaints and bilateral shoulder rotator cuff tendinitis/bursitis and lumbar spine strain with radicular complaints. He also had a left knee sprain. Medication and physical therapy were ordered. MRI and x-ray studies were ordered for the cervical and lumbar spines He underwent an injection to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS FOR THE CERVICAL AND LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

Decision rationale: The history and documentation support the request for 8 physical therapy (PT) visits for the cervical and lumbar spines. The California MTUS state physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS recommends Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine, Myalgia and Myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, and Neuralgia, Neuritis, and Radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. In this case, the claimant has chronic complaints and has findings on physical examination that may respond to this type of treatment. There is no evidence that he is currently involved in an ongoing active program of self directed exercise and a short course of treatment and instruction in home exercises can be recommended as reasonable and appropriate. Following this, he is expected to become independent with ongoing exercise for maintenance of any gains. This request appears to be reasonable and appropriate. Eight (8) physical therapy sessions for the cervical and lumbar spine is medically necessary.