

Case Number:	CM13-0044286		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2013
Decision Date:	02/15/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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, 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:

This 26 year-old male sustained a cumulative trauma injury on 8/5/13 while employed by [REDACTED]. Request under consideration include PT (physical Therapy) 3x6 for thoracic, lumbar and cervical spine, bilateral shoulders, hands, and wrists. Report dated 9/11/13 from [REDACTED] noted the patient with complaints of ringing in the left ear with dizziness, neck pain with numbness, tingling, weakness radiating to bilateral upper extremities, aching pain in bilateral wrist/hand with weakness, numbness and tingling, and low back pain radiating to left lower extremity. Claimant noted some difficulties in ADL (activities of daily living). Exam of cervical spine showed range flex 72, ext 70, lateral bend 55, rotation at 73; bilateral shoulders Neer's test and Hawkin's positive bilaterally; Bilateral hands/wrists with tenderness along volar and dorsal aspect right wrist; crepitus; Phalen's test positive on right; Durkan's median compression test positive; tenderness muscle guarding; spasm over thoracic paraspinal musculature; lumbar spine flex 70, extension 31; SLR 65 degrees bilaterally; paraspinal musculature tenderness; slightly diminished sensation at right index finger; all other findings normal. X-rays of cervical spine, bilateral shoulders, lumbar spine, and pelvis were normal. Diagnoses included s/p forearm fracture; lumbar sprain/strain; cervicothoracic sprain/strain; bilateral shoulder impingement syndrome; rule out right wrist ligament tear and rule out right CTS; s/p tailbone cyst removal (date unknown) and hardware removal in right forearm (date unknown). Recommendations included MRI of the cervical, thoracic, lumbar spine, bilateral shoulders and wrist; EMG/NCV of bilateral upper and lower extremities; PT as above; and ENT consultation. The above PT was partially-certified for 10 visits on 10/15/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the thoracic, lumbar and cervical spine, bilateral shoulders, hands, and wrists, three times per week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

Decision rationale: This 26 year-old male sustained a cumulative trauma injury on 8/5/13 while employed by [REDACTED]. Report dated 9/11/13 from [REDACTED] noted exam findings of diffuse tenderness throughout spine and bilateral upper and lower extremities with various provocative positive maneuvers; however, neurologically only slightly diminished sensation at right index finger and all other findings normal including motor strength and reflexes. X-rays of spine and upper extremities were reported as normal. Diagnoses included s/p forearm fracture; lumbar sprain/strain; cervicothoracic sprain/strain; bilateral shoulder impingement syndrome; rule out right wrist ligament tear and rule out right CTS; s/p tailbone cyst removal (date unknown) and hardware removal in right forearm (date unknown). PT was partially-certified for 10 visits on 10/15/13. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 10 recently authorized therapy sessions per review report without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The PT 3x6 for thoracic, lumbar and cervical spine, bilateral shoulders, hands, and wrists is not medically necessary and appropriate. The request for physical therapy for the thoracic, lumbar and cervical spine, bilateral shoulders, hands, and wrists, three times per week for six weeks, is not medically necessary or appropriate.