

Case Number:	CM13-0047722		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2008
Decision Date:	02/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 Interventional Spine 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:

A 51-year-old male, injury date of 03/20/2008. The request for physical therapy 18 sessions was denied by utilization review letter 09/30/2013. The rationale was that the request was not medically necessary based on ODG as ODG guidelines allow for 8 visits over 5 weeks for medical treatment of lateral epicondylitis. 10/09/2013 report by [REDACTED] lists the diagnoses of lumbar spine, rule out left lumbar radiculopathy, right lateral epicondylitis, right shoulder impingement, right wrist strain rule out internal derangement, cervical thoracic spine strain, and history of recent left injury from 04/08/2013. Under and treatment plan, it states denied authorization for physical therapy, denied authorization for MRI of C-spine, T-spine, L-spine, right shoulder, right elbow, right wrist, and hand. The request was for authorization, EMG/NCV studies of the upper or lower extremities. Presenting symptoms are low back pain at 6/10 with numbness in the legs, right elbow pain 6/10 with clicking and numbness in the forearm, numbness in the right small finger, numbness in the right ring finger, right shoulder pain and 5/10 right hand/wrist pain 6/10 with numbness and tingling, left wrist at 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 16 sessions: Overturned

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

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

Decision rationale: This patient presents with chronic low back, neck, upper extremities, wrist, and hand symptoms. The utilization review letter dated 09/30/2013 denied the requested physical therapy 3 times a week for 6 weeks citing ODG Guideline limitations of 8 sessions and the fact that the patient had extensive therapy in the past with the date of injury dating back to 2008. There were 71 pages of reports provided for my review. These did not include physician's progress reports specifically requesting physical therapy. I am not able to tell the reason behind the request. The reviewed reports are from 02/20/2013 and 10/09/2013. There are several reports from year 2010 that were irrelevant. 10/09/2013 report indicates that the requested physical therapy was denied. MRI of the lumbar spine is reported from 09/02/2010 that showed 4 mm to 5 mm posterior disk protrusion at L5-S1. Based on the listed diagnoses from 10/09/2013, this patient is not status post any surgical intervention. Therefore, MTUS Guidelines for musculoskeletal chronic pain section applies. For myositis myalgia type of symptoms, which explains this patient's described pains in the low back, shoulders, upper extremities, neck, and thoracic area, up to 9 to 10 sessions of physical therapy are recommended. Given that the current request of 16 sessions exceeds what is allowed by MTUS Guidelines, recommendation is for denial.