MAXIMUS Federal Services

Case Number:	CM13-0047971		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2013
Decision Date:	03/20/2014	UR Denial Date:	10/22/2013
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 and is licensed to practice in Illinois. 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 37 year old female who reported an injury on 06/12/2013 secondary to a fall. The patient is diagnosed with chronic neck pain, right shoulder impingement, right elbow contusion, right wrist strain, chronic low back pain, right knee contusion, and complaints of depression, anxiety, and insomnia. The patient was seen by [redacted] on 10/17/2013. The patient reported ongoing pain over multiple areas of the body. The patient's physical examination revealed tenderness to palpation of the cervical spine and right wrist, positive right shoulder impingement sign, painful range of motion of the lumbar spine, and mildly painful range of motion of the right knee with tenderness at the medial joint line. Treatment recommendations included continuation of 12 physical therapy sessions for the cervical spine, right knee, right shoulder, and right elbow. A request for authorization was also submitted for an MRI of the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy two(2) to three(3) times a week for six(6) 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 (ODG), (www.odg-twc.com/odgtwc/neck.htm)

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed an extensive amount of physical therapy. Despite ongoing treatment, the patient continues to report high levels of pain over multiple areas of the body. The patient's physical examination continues to reveal painful range of motion, tenderness to palpation, and positive impingement sign. Documentation of the previous course of physical therapy was not provided for review. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

MRI L/S Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's physical examination of the lumbar spine only revealed painful range of motion. There was no documentation of tissue insult or nerve impairment. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.