

Case Number:	CM13-0050462		
Date Assigned:	06/09/2014	Date of Injury:	04/02/2013
Decision Date:	07/29/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 63-year-old female with a work injury dated 4/2/13. Her diagnoses include lumbar disc displacement with myelopathy, cervical disc herniation with myelopathy; thoracic disc displacement without myelopathy; bursitis and tendinitis of the shoulder; rotator cuff syndrome; tendinitis/bursitis of the hand/wrist. Under consideration is a request for conservative therapy three times per week for two weeks cervical spine, thoracic spine, lumbar spine, right shoulder, left wrist. There is a 9/9/13 initial exam and evaluation that states that on 4/3/2013, the patient was seen at another office visit and had an MRI (magnetic resonance imaging) of her lumbar spine that showed a tear. She was prescribed Tramadol and pain patches. She completed 18 sessions of physical therapy. The patient returned to work with restrictions of no lifting more than 10 lbs. She was seen from approximately 4/3/2013 till 9/2013. The patient in the 9/9/13 visit complains of cervical spine pain, lumbar spine pain, right shoulder and left wrist and hand pain and thoracic pain. On exam, there was decreased cervical range of motion and there was +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. The left biceps reflex was decreased. The left brachioradialis reflex was decreased. Cervical dermatomes were equal bilaterally to light touch. The left C5 myotome showed weakness. The left C6 myotome showed weakness. The left C7 myotome showed weakness. There was +2 spasm and tenderness to the bilateral thoracic paraspinal muscles from T1 to T9. There was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1, multifidus and left piriformis muscle. There is decreased lumbar range of motion. Kemp's test was positive bilaterally. The straight leg raise test was positive on the right. Braggard's was positive on the

right. Yeoman's was positive bilaterally. The right ham stings reflex was decreased. The right Achilles reflex was decreased. Lumbar dermatomes were equal bilaterally to light touch. Lumbar myotomes were within normal limits bilaterally. There was plus three spasm and tenderness to the right upper shoulder muscles and right rotator cuff muscles. There is decreased right shoulder range of motion. Speeds test was positive on the right. Supraspinatus test was positive on the right. There was plus three spasm and tenderness to the left anterior wrist and left posterior extensor tendons. There was decreased left wrist range of motion. Bracelet test was positive on the left. The treatment plan included a program of conservative therapy for six visits. The goal of treatment is to decrease pain and muscle spasm and improve the patient's ability to perform activities of daily living. Currently, the patient is having difficulty with housework, climbing stairs and grocery shopping. The treatment plan will also work on decreasing work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conservative therapy, three times a week for two weeks cervical spine, thoracic, lumbar spine, right shoulder, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual Therapy and Manipulation Page(s): 99, 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Low Back - Lumbar & Thoracic (acute & chronic), Shoulder, Forearm, wrist & hand : Physical therapy.

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

Decision rationale: Under consideration is a request for conservative therapy 3 times per week for 2 weeks cervical spine, thoracic spine, lumbar spine, right shoulder<left wrist is not medically necessary. The documentation indicates that the patient has had prior physical therapy in April 2013 which involved 18 sessions. The documentation does not indicate why the patient cannot participate in a home exercise program which she should be well versed from prior therapy visits. The documentation does not indicate significant objective evidence of functional improvement from prior therapy. The request for conservative therapy 3 times per week for 2 weeks cervical spine, thoracic spine, lumbar spine, right shoulder<left wrist is not medically necessary.