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| Case Number: | CM13-0055896 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/09/2000 |
| Decision Date: | 03/24/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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:

The patient is a 59 year old male who was injured on 09/09/2000 due to an unspecified mechanism. Prior treatment history has included physical therapy. Medications included Nucynta 50 mg five per day; Lidoderm 5% 2 patches q. d., Nexium 40 mg q.d., Celebrex 200 mg 2q.d. The clinic notes dated 10/23/2013, 10/24/2013, and 10/25/2013 documented the patient to have complaints of pain in his upper extremities in his right arm with manipulation. The objective findings on exam revealed there did not appear to be any sympathalgia. No tactile allodynia, hyperpathia, hyperhidrosis, or edema. Lumbar spine showed normal alignment and curvature. There was pain past 45 degrees of flexion, 20 degrees of extension in lateral motion of any kind. There was pain with facet loading, moderate to severe myofascitis in the paravertebral lumbar musculature down to the sacrum. There were no motor or sensory deficits elicited. Deep tendon reflexes were present bilaterally, and he had an antalgic gait. The patient was diagnosed with right elbow injury, status post surgery; possible upper extremity neuropathia. Manual therapy and STM to upper trap, supraspinatus, teres major to improve overhead reaching into abduction, scapular mob - upward rotation and abduction with active movement. The patient was instructed about diaphragmatic breathing to limit chest breathing. He continued to have significant restrictions to the lower abdominals; continues to have limitations with lumbar extension and right side-bending. Side-ending improved but continued to have pain at end range which runs down the right LE. Thoracic extension was limited with overhead reaching but improving. The patient was diagnosed with right elbow injury, status post-surgery; possible upper extremity neuropathia, lumbar spine injury, disc disease, and left knee injury, status post surgery. Physical therapy 1 x Wk x 4Wks was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: As per California MTUS guidelines, physical medicine 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. A progress note dated 10/23/2013 indicates that patient reported good result with physical therapy and has decreased pain and increased ROM. The last therapy note dated 11/26/2013 indicates that he had improvement in lumbar ROM. The request is for 1x 4 weeks of physical therapy (4 sessions); however, this patient has already completed at least 12 sessions from 09/12/2013 to 11/26/2013, which is more than appropriate number of sessions as per guidelines recommendation. Thus, the request is non-certified.