

Case Number:	CM13-0062992		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2011
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 50-year-old female who reported an injury on 06/28/2011. The mechanism of injury was noted to be cumulative trauma. The patient is diagnosed with lumbar strain, shoulder strain, and bilateral plantar fasciitis. His symptoms are noted to include neck pain, bilateral elbow, arm, hand, and wrist pain, bilateral shoulder pain, low back pain, bilateral knee pain, and bilateral feet pain. The subjective findings noted at his 12/17/2013 office visit included normal sensation, normal motor strength, negative straight leg raise, tenderness to palpation along the bilateral knees and shoulders, positive bilateral impingement signs, and normal McMurray's, Lachman's, Tinel's, and Phalen's tests. The documentation provided in the patient previously completed at least 18 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY (X 30) FOR THE NECK, LOW BACK, BILATERAL SHOULDERS, WRISTS, ELBOWS, KNEES AND FEET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended in the treatment of unspecified myalgia and myositis at 9 to 10 visits over 8 weeks. The clinical information submitted indicated the patient previously completed at least 18 visits of physical therapy; therefore, the request for 30 additional physical therapy visits far exceeds the guidelines recommended 9 to 10 visits. Further, the patient's recent physical exam findings failed to show evidence of objective functional deficits to warrant physical therapy. Therefore, the request is non-certified.

BACLOFEN 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient's recent office note indicates his medications include Baclofen 20 mg 3 times a day, Celebrex 200 mg per day, ranitidine 150 mg per day, Norco 10/325 mg twice a day as needed, and Colace 250 mg twice a day. According to the California MTUS Guidelines, Baclofen may be recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The clinical information provided for review failed to provide details regarding the patient's use of Baclofen. Therefore, it is unknown whether the patient has received benefit from the medication including pain relief and increased function. Further, it is not noted whether the patient reported any side effects with the use of Baclofen. In addition, the patient's recent clinical notes failed to show evidence of spasm or spasticity and the patient does not have diagnoses to include multiple sclerosis or a spinal cord injury. For these reasons, the requested service is non-certified.