

Case Number:	CM13-0064575		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2013
Decision Date:	04/01/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine 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 44 year old female who was injured on 01/25/2013. She slipped and fell down wet stairs injuring his head, wrist, lumbar and neck. Prior treatment history has included therapy, prescription for muscle relaxer, and physical modalities. Diagnostic studies reviewed include MRI without contrast of the lumbar spine performed 04/07/2013 revealed a 2 mm posterior disc bulge at L5 transitional segment; a less than 2 mm posterior disc bulge at T11-T12. Physical Therapy initial evaluation report dated 10/21/2013, documented the patient to have complaints of right shoulder and right sided neck pain. The patient also reported lower back and right hip pain but was reported to have improvement. The patient also reported right wrist injury. Pain history: neck 8/10; right shoulder 9/10; lower back 7-8/10; right hip 6/10. The patient's functional status indicated the patient had functional reaching with severe limitation with right UE and prolonged standing/sitting with moderate limitation. Muscle testing measurements: Extensor Hallucis Longus 3-/5 right, 3+/5 left; Tibialis anterior 3-/5 right, 3+/5; Hip Flexors 3-/5 right, 3+/5 left; Gastrocnemius 3-/5 right, 3+/5 left; Hamstring 3-/5 right, 3+/5 left; Quadriceps 3-/5 right, 3+/5 left; Rectus Abdominis 3/5 right, 3/5 left. Special tests include Drop Arm Test, negative on the right; Supraspinatus Test was positive with pain; Hawkin's test was positive with pain; Speed's Test was positive with pain. The patient had positive tenderness to palpation over the cervical and lumbar spine and right more than left paraspinal muscles. There was positive tenderness over the right more than left UT, levator scapulae, rhomboids, and QL muscles. The patient was educated and participated in the creation of physical therapy goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the spine (18 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is documentation that the patient had a physical therapy initial evaluation on 10/21/2013 for complaints of the right shoulder, neck, back and right hip. In addition, on 03/01/2013, it was indicated that the patient went to physical therapy for 6 sessions and eight more sessions were being requested two times a week for four weeks with general range of motion exercises for neck and low back. There is no additional documentation as to whether this treatment resulted in functional improvements. Per the CA MTUS physical medicine guidelines state 8-10 visits over 4 weeks with the allowance for fading of treatment frequency (from up to 3 visits per week to 1 or less). The request is for 18 visits which is in excess of the guidelines and would not be certified based on these criteria.