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| Case Number: | CM14-0004017 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 05/14/2013 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 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 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 77-year-old female who has submitted a claim for cervicogenic headaches, cervical spine strain rule out radiculopathy, left shoulder impingement syndrome, lumbar strain and bilateral carpal tunnel syndrome associated with an industrial injury date of May 14, 2013. Medical records from 2013 were reviewed. Patient has been experiencing pain in the neck that radiates to her shoulders down to the hands and is aggravated by head tilting. The shoulder pain is noted to be continuous with clicking sensation and is aggravated by reaching, moving her arm backwards and lifting her arms above shoulder level. She also has lower back pain with associated weakness, numbness and tingling in bilateral lower extremities which is worsened by prolonged standing, walking and sitting. Physical examination revealed cervical paravertebral muscle tenderness and spasm with restricted range of motion. Spurling sign was positive on the left. Shoulder examination revealed tenderness of the anterior shoulders with decreased range of motion bilaterally and positive impingement test bilaterally. Lumbar spine revealed paravertebral muscle tenderness and spasm with restricted range of motion. Examination of the knees showed joint lines tenderness, with minimal effusion bilaterally, MCL tender to palpation, and positive McMurray's. Motor strength and sensation of the above body parts were grossly intact. MRI of the lumbar spine, dated 09/25/13, showed mild broad left apical curvature and an inferior rightward tilt, posterior element hypertrophy greater on the left L5-S1, 3mm broad left foraminal protrusion with moderate left neural foraminal stenosis, moderate to severe central canal stenosis more on the left, and 4mm bulge with moderate left greater than right neural foraminal stenosis. MRI of the left shoulder, dated 09/18/2013, revealed rotator cuff tendinosis with small low-grade undersurface articular sided partial thickness tear of supraspinatus tendon and moderate degenerative hypertrophic changes of acromioclavicular joint impinging on supraspinatus musculotendinous junction. Treatment to date has included medications, acupuncture, activity

modification and physical therapy. Utilization review, dated December 16, 2013, denied the request for physical therapy 2 times a week for 3 weeks for the neck, back, shoulders, arms and elbows since there is no identification of specific musculoskeletal deficits that would prevent safe and effective transition to a self-directed home exercise program to support its medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 3 WEEKS FOR NECK, BACK, SHOULDERS, ARMS AND ELBOWS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, according to pages 98-99 of the active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient was diagnosed with cervical spine strain, left shoulder impingement syndrome, lumbar strain and bilateral carpal tunnel syndrome. A progress report, dated November 14, 2013, indicated that physical therapy was requested to determine if it can strengthen her upper extremities and reduce pain. She continues to experience pain on her neck, back, shoulders, and upper extremities. Recent progress reports showed objective evidence of musculoskeletal deficits on the cervical spine, shoulders, and lumbar spine. Thus, medical necessity for physical therapy of the neck, back, and shoulders has been established. However, there was no objective evidence of musculoskeletal deficits of the arms and elbows, which may necessitate a therapy program. Therefore, the request for physical therapy 2 times per week for 3 weeks for neck, back, shoulders, arms and elbows are not medically necessary.