

Case Number:	CM14-0005279		
Date Assigned:	01/24/2014	Date of Injury:	08/09/2010
Decision Date:	09/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 39-year-old female who has submitted a claim for cervical spine strain/sprain, cervical spine disc disease, cervical spine canal narrowing, status post cervical spine surgery, abdominal pain rule out gastritis, left shoulder strain/sprain, right shoulder strain/sprain, left elbow strain/sprain, right elbow pain lateral epicondyle secondary to left ulnar dysfunction, bilateral wrist strain/sprain, bilateral carpal tunnel syndrome, and sleep disturbance secondary to pain associated with an industrial injury date of August 9, 2010. Medical records from 2013 were reviewed. The patient complained of pain in the neck, bilateral shoulders/arms, and bilateral elbows/forearms, which was rated 6-8/10 in severity. Physical examination showed tenderness over the cervical paraspinal muscles. There was restricted range of motion as well. Cervical compression test was positive. For the bilateral shoulders, there was tenderness over the right shoulder. There was restricted range of motion bilaterally. Tenderness was noted on the left arm and elbow with restricted range of motion bilaterally. MRI of the cervical spine, dated May 23, 2013, revealed broad-based central disc protrusion at C4-C5 measuring 2mm, accentuated by localized reversal of cervical spine lordosis. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, cervical epidural steroid injection, extracorporeal shockwave therapy, and cervical discectomy and fusion. Utilization review, dated December 20, 2013, denied the request for physical therapy, retro continue PT to cervical spine, left shoulder and bilateral elbows 3 times a week for 4 weeks because it was unclear how many visits have been previously attended and there was no explanation as to why the patient cannot be independent with a home exercise program by now.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY TO THE CERVICAL SPINE, LEFT SHOULDER, AND BILATERAL ELBOWS 3X4 WEEKS: 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: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, the Official Disability Guidelines recommend 10 visits over 8 weeks for displacement of cervical intervertebral disc, 10 visits for 8 weeks for sprained shoulders; and 9 visits over 8 weeks for sprains and strains of the elbow. In this case, the patient previously underwent an unknown number of physical therapy sessions. The number of physical therapy sessions previously done by the patient for each body part requested is not clear. There was no documentation of the previous physical therapy visits and there was no description regarding objective benefits derived from these sessions or a treatment plan with defined functional gains and goals. It was also not documented why additional physical therapy for the cervical spine, left shoulder and bilateral elbow is needed. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. Patient is also expected to be well-versed in a self-directed home exercise program by now. Furthermore, the present request would exceed the number of physical therapy visits for the cervical spine and shoulder as recommended by the guidelines. Therefore, the request for CONTINUED PHYSICAL THERAPY TO THE CERVICAL SPINE, LEFT SHOULDER, AND BILATERAL ELBOWS 3X4 WEEKS is not medically necessary.