

Case Number:	CM14-0107213		
Date Assigned:	08/01/2014	Date of Injury:	10/27/2010
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational 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 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 62-year-old female who has submitted a claim for lateral epicondylitis, ulnar nerve lesion, carpal tunnel syndrome, and cervical radiculitis associated with an industrial injury date of October 27, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the back, left elbow, third, fourth and fifth fingers. The physical examination of the cervical spine revealed restricted range of motion, tenderness at the spinous processes of C5 and C6, tenderness at the left paracervical muscles and trapezius, multiple myofascial trigger points and positive Spurling's maneuver. An examination of the lumbar spine revealed restriction of motion, tenderness of the paravertebral muscles bilaterally, tenderness over L4-L5 spinous processes and positive lumbar facet loading. The treatment to date has included medications, physical therapy x28, a home exercise program and heat/cold therapy. Utilization review from July 1, 2014 denied the request for outpatient physical therapy two times per week for four weeks for the low back because there was no explicit documentation of functional improvement from previous therapy sessions such as increased activities of daily living or reduced work restrictions. In addition, the UR believed that the physical therapy completed to date should have provided ample time to transition the patient into a dynamic home exercise program to further address any ongoing deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient physical therapy two times per week for four weeks for the low back: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is recommended for low back pain. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The recommended number of visits for myalgia and myositis is 9-10 over 8 weeks whereas for neuralgia, neuritis and radiculitis, it is 8-10 over 4 weeks. This patient already had 28 visits of physical therapy. The number of visits already exceeds that of the treatment guidelines. There is no discussion concerning need for variance from the guidelines. Furthermore, the response to therapy in terms of functional improvement was not adequately documented. For these reasons, the request for outpatient physical therapy two times per week for four weeks for the low back is not medically necessary.