

Case Number:	CM14-0012286		
Date Assigned:	02/21/2014	Date of Injury:	08/28/2013
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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:

Physical therapy discharge summary dated December 23, 2013 indicates the patient presents for her 20th physical therapy visit. She is diagnosed with pain in the thoracic spine. Her overall condition is improving with her ADL's. On exam, active cervical range of motion of the spine pre-treatment is unchanged since October 9, 2013 revealing active thoracic range of motion to be moderately limited and on December 11, 2013, she had mildly limited AROM. Upon gross assessment, she has pain with all movements. On assessment of the patient's progress, she has met 85% of her goal as it pertains to pain improvement. She has met 85% of goal as it pertains to mobility improvement and she has met 90% of her goal with a decrease in tingling sensation. On annexure to primary treating doctor's report dated December 17, 2013, the patient's pain has been exacerbated in her right wrist and is having low back pain due to the repetitive nature of the patient's job duties from the injury on August 28, 2013. She presents with complaints of neck pain, right shoulder pain, right upper back pain, right elbow pain, right wrist and hand pain, low back pain, weight gain, depression, anxiety, and severe fatigue; and difficulty falling asleep, daytime sleepiness, reduced daytime alertness, disruption in sleep-wake schedule. She takes medications for diabetes from [REDACTED]. On examination, the cervical spine revealed tenderness to palpation over the right trapezius, right levator scapulae and right supraclavicular fossa muscles and the range of motion is full. There is tenderness over the thoracic spine over the right rhomboid and latisimus dorsi and the range of motion is full. The lumbosacral spine reveals tenderness over the right paralumbar muscles. The range of motion is within normal limits and straight leg raise test is accomplished at 70 degrees bilaterally. The right shoulder is positive for tenderness over the acromioclavicular joint and rotator cuff with full range of motion. The right elbow exhibits full range of motion. The right wrist is tender to palpation over the right wrist musculature and range of motion is full. The neurologic examination reveals

motor strength testing of selectively tested muscle groups of the upper and lower extremities at 4/5. The diagnoses are 1) Status post contusion of the neck, asymptomatic 2) Status post contusion/sprain, right thoracic region 3) Status post contusion/sprain, right shoulder 4) History of chronic repetitive motion disorder, right wrist, rule out carpal tunnel syndrome 5) History of chronic low back pain secondary to repetitive motion activities at work and 6) Stress-related disorder, associated with anxiety. The treatment recommendations are Naprosyn, Capsaicin gel, Neurontin 300 mg and physical therapy twice a week for 4 weeks. Prior UR dated January 14, 2014 states the request for eight additional therapy sessions is not certified as the clinical findings revealed the patient had some tenderness. There is no documented evidence to justify the need for additional passive treatments. It is stated the patient is beyond passive modes of care and therefore additional treatment is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY SESSIONS 2 TIMES A WEEK FOR 4 WEEKS FOR THE BACK: 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 Page(s): 98-99.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, physical medicine may be recommended. Passive therapy can provide short-term relief during the early phases of pain treatment. Active therapy, namely therapeutic exercise and/or activity are beneficial for restoring strength, flexibility, endurance, function, range of motion and can alleviate discomfort. Patients are expected and instructed to continue active therapies at home in order to maintain improvement levels. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The recommended number of visits depends up on the diagnosis and should allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home exercise and/or activity. This a request for an additional eight sessions of physical therapy for a 62-year-old who complains of chronic neck, back, shoulder, and upper extremity pain attributed to a fall on August 28, 2013. She is noted to have tenderness of several body parts and decreased thoracic range of motion on examination. She completed at least twenty physical therapy visits at the time of the request. According to a December 23, 2013 physical therapy discharge note, she achieved 85% of physical therapy goals with regard to pain and mobility. History and physical examination findings do not support the need for additional physical therapy in excess of guideline recommendations. There are no extenuating circumstances in support of additional physical therapy. The patient should be able to transfer to an active home exercise program at this point. The request for additional physical therapy sessions, twice per week for four weeks, is not medically necessary or appropriate.