

Case Number:	CM14-0014972		
Date Assigned:	02/28/2014	Date of Injury:	05/27/2013
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 & 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 injured worker is a 33 year old female who reported an injury to the neck after lifting a case of tile weighing approximately 60-80 lbs, to place on a shelf on 05/27/2013. She complained of pain to the left neck that radiated in to the left shoulder and arm and low back pain. Physical exam on 12/12/2013 showed that the injured worker had positive Neer's test and Hawkin's test on the left with tenderness over the acromioclavicular joint and pain with limited range of motion during forward flexion, abduction, external and internal rotation and decreased sensation to light touch and pin prick to the left upper extremity. Per emergency room records dated 01/06/2014, the lumbar spine was not tender to palpation, there was no midline warmth or erythema, and a knot and tenderness was felt to the left lower back musculature. The injured worker had painful movement, strength to bilateral lower extremities of 5/5 and decreased sensation to the arch of the left foot. The injured worker had magnetic resonance imaging (MRI) of the left shoulder 11/08/2013 that was normal, cervical spine x-rays that revealed mild loss of cervical lordosis consistent with muscle spasms or strain, but was otherwise normal, and a MRI of the lumbar spine done in the emergency room on 01/06/2014 that showed herniated disc at L4/5 contacting the L5 nerve root, and mild diffuse herniation at L5/S1. The injured worker had diagnoses of disc herniation L4/5 and L5/S1, internal derangement of left shoulder, musculoligamentous injury to the lumbosacral spine, and severe musculoligamentous injury of the cervical spine. Past treatments included oral pain medications, an injection of pain medication by the emergency room in which after given, the pain was improved, oral muscle relaxant, as well as twelve physical therapy treatments with electrical stimulation at some time post injury; however, there was nothing in the clinical documentation that demonstrated her response to the therapy or functional improvement. Her medication regimen included Norco 5/325 mg, and cyclobenzaprine (flexeril) 10 mg. The request for authorization form was signed and dated

05/29/2013. The provider's rationale for the request for six (6) physical therapy visits for the neck and lumbar, one (1) visit per week for six (6) weeks was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY VISITS FOR THE LUMBAR AND NECK, ONE VISIT PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: The request for six (6) physical therapy visits for the neck and lumbar, one (1) visit per week for six (6) weeks is not medically necessary and appropriate. Patient has referenced pain to the left neck that radiated in to the left shoulder and arm and low back pain. She had positive Neer's test and Hawkin's test on the left with tenderness over the acromioclavicular joint and pain with limited range of motion during forward flexion, abduction, external and internal rotation and decreased sensation to light touch and pin prick to the left upper extremity, confirmed herniated disc at L4/5 and L5/S1 with palpable tenderness to lower back. Past treatments included oral pain medications, an injection of pain medication per the emergency room in which after given the pain was improved, oral muscle relaxant, as well as twelve physical therapy treatments with electrical stimulation at some time post injury. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits over 8 weeks of physical therapy. There is a lack of documentation of functional improvement from the previous therapy sessions. The provider did not indicate within the provided documentation how many sessions of physical therapy the injured completed specifically lumbar spine and neck. There is a lack of documentation indicating the injured worker has significant objective functional deficits to the lumbar spine and neck currently. Therefore the request for six (6) physical therapy visits for the neck and lumbar, one (1) visit per week for six (6) weeks is not medically necessary and appropriate.