

Case Number:	CM14-0112211		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2000
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 licensed in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 08/23/2000 due to an unknown mechanism. The injured worker was diagnosed with chronic pain syndrome, displacement of lumbar intervertebral disc, displacement of cervical intervertebral disc, cervicgia, lumbago, sciatica, sprain/strain of unspecified side of shoulder, and neck sprain/strain. The injured worker received an unknown number of chiropractic treatments; physical therapy was not provided. On 07/31/2014, the injured worker reported he was doing well overall. He continued with complaints of the head, neck, back, left elbow, and the continuation of headaches related to back pain. He reported pain rated 7/10 during this office visit. He reported a lot of tightness to the left side of the neck. The injured worker does reported significant improvements with medication and stated pain without medications was rated 8/10 and 5/10 with medications. The physician noted the injured worker presented status post neck fusion. An examination of the cervical spine noted flexion was 20 degrees, extension was 20 degrees, and rotation was approximately 45 degrees bilaterally. The left elbow range of motion was 150 extending to 0. A lumbar spine examination noted flexion was 60 degrees, extension was 5 to 10 degrees, right side bending was 40 degrees, left side bending was 30 degrees, and rotation was 35 degrees bilaterally. There were significant trigger points in the upper back and neck bilaterally to the upper trapezius and parascapular areas. The injured worker was prescribed Ambien, Flexeril, hypertension and cholesterol medications, and Norco. The physician noted the injured worker remained symptomatic with musculoskeletal pain in the head, neck, back, and left elbow. His elbow had been more bothersome. Physical therapy was still needed for the left elbow. The physician was requesting physical therapy for the head, neck, back, and left elbow to alleviate symptoms and increase range of motion of the left elbow. The Request for Authorization form was not provided with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) times 8 visits for the Head, Neck, Back, and Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Neck & Upper Back (updated 05/30/14); Head (updated 06/09/14); Low Back (updated 06/10/14); Elbow (updated 05/15/14).

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

Decision rationale: The California MTUS Guidelines note physical therapy is recommended. The guidelines recommend allowing for fading of treatment frequency from up to 3 visits per week to 1 or less along with active self-directed home physical medicine. The guidelines recommend 8-10 visits over 4 weeks. The physician notes an unspecified number of chiropractic sessions; this is needed to determine the number of physical therapy sessions available for the injured worker under MTUS guidelines; however, the physician has noted the injured worker has not received physical therapy for the elbow. There is a lack of documentation indicating whether the injured worker has had physical therapy to the requested areas; the duration and efficacy of any prior therapy was not indicated. Additionally, the request does not indicate the frequency at which the therapy is to be performed in order to determine the necessity of the therapy. As such, the request is not medically necessary.