

Case Number:	CM14-0137785		
Date Assigned:	09/05/2014	Date of Injury:	01/17/2013
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 and 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 44 year-old right-hand dominant female who sustained work-related injuries on January 17, 2013. It was indicated that she was lifting dirty linen when she experienced a stretching sensation to her back as she was lifting the dirty linen and placed it in her cart and later noticed that her pain has radiated into her neck. She was diagnosed with (a) cervical sprain and strain, (b) cervical myofascitis, (c) rule out cervical disc protrusion, (d) rule out cervical radiculitis versus radiculopathy: (e) lumbar sprain and strain, (f) lumbar muscle spasm, (g) rule out lumbar disc protrusion, (h) rule out lumbar radiculitis versus radiculopathy, (i) left shoulder sprain and strain and (j) left shoulder impingement syndrome. It was noted in a progress report from a secondary treating physician dated August 6, 2014 it was indicated that she complained of constant severe stabbing pain in the neck with heaviness and weakness which she rated to be at 9 out of 10 on the pain scale, moderate low back pain with stabbing and burning sensation and was rated to be at 7 out of 10 on the pain scale and severe, sharp, left shoulder pain with heaviness and weakness rated to be at 8 out of 10 on the pain scale. An examination of the cervical spine revealed +3 tenderness over the cervical paravertebral musculature with associated muscle spasm as well as limited range of motion in all planes. Cervical compression and shoulder decompression elicited pain. Sensation was decreased globally in the left upper extremity. Examination of the lumbar spine revealed +3 tenderness with muscle spasm over the paravertebral musculature and limited range of motion in all planes due to pain. Orthopedic tests elicited pain. Examination of the left shoulder revealed +3 tenderness over the anterior and posterior shoulder and limited range of motion in all planes. Orthopedic tests elicited pain. Chiropractic treatment physiotherapy 2-3 per week for six weeks was recommended and authorization was requested. This is a review of the requested physiotherapy 2-3 per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 18 visits cervical spine, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Updated 7/3/2014 Physical Therapy and Official Disability Guidelines (ODG) Updated 7/3/2014 Low Back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy (PT) and Official Disability Guidelines (ODG) Neck and Upper Back, Physical therapy (PT)

Decision rationale: Although evidenced based guidelines recommend physical therapy as a treatment modality option, the medical records provided for review has limited information to support the medical necessity of the requested 18 physical therapy sessions directed to the cervical and lumbar spine. It was indicated in the progress note dated August 6, 2014 that the injured worker has prior physical therapy directed to the low back, however, the number of sessions and his response to the previous physical therapy is not documented to determine its effectivity. Additionally, it was noted that her previous physical therapy sessions to the lower back increased her neck pain. Furthermore, for the conditions that the injured worker was diagnosed for the recommended number of sessions for the cervical and lumbar spines is 10 visits over 8 weeks, therefore, it can be concluded that the medical necessity of the requested 18 sessions of physical therapy directed to the cervical and lumbar spine is not established.