

Case Number:	CM14-0139952		
Date Assigned:	09/08/2014	Date of Injury:	03/24/2010
Decision Date:	10/03/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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 Orthopedics and is licensed to practice in Arizona. 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:

This 58-year-old female sustained injuries to the neck and back while employed on 3/24/2010 [mechanism and detail of initial incident not available] resulting in complaints of bilateral arm pain, numbness and tingling including bilateral leg pain accompanied by calf cramping and bilateral leg weakness. She was initially diagnosed as supraspinatus tendinitis. Also noted was pain behavior on 3/17/2014. Due to continued complaints of additional severe low back pain, neck pain and radiating lower and upper extremity pain, she was seen by physician leading to present status quo. Presently on following treatment: -DrugsoNorco for pain. oZorvolex for pain. oNeurontin. oCymbalta. oTeracin. -TENS-unit is used at home. -Cervical traction on a daily basis. She presently and in addition mostly complains of neck and back pain accompanied by bilateral arm pain, numbness, tingling & weakness. She also complains of bilateral leg pain, cramping sensation in her calves and bilateral lower extremity leg weakness. General health issues: -Severe reactive depression on psychological testing [PI-IQ-9]. -Medical diagnosis under consideration. Physical examination of the cervical spine revealed range of motion severely diminished [especially rotation to left]. Motor testing of the upper extremities showed general weakness of both upper and lower extremities [4/5]. Hand strength was also recorded as weak [3/5]. Sensory testing and deep tendon reflexes were not recorded. Physical examination of the lumbar spine revealed: -Lumbar range of motion (ROM) documentation not objective. -Nerve root compression signsoMotor testing of both lower extremities was 4/5oSensory testing not available. oDTR [deep tendon reflexes] testing results not available. -Nerve root tension signs SLR [Straight Leg Raise] and crossed SLR were not available. Treatment rendered since day of injury: -Had undocumented prior physical therapy session [no documentation available]. - Presently [9/18/2014] using Cymbalta, Norco and Teracin, Neurontin-Other medications tried include Voltaren gel, Zorvolex, Skelaxin-Was on home TENS-treatment. -Cervical traction at

home sporadically.-Left ulnar sleeve for comfort [apparently had right ulnar nerve surgery 10 years ago].-Bilateral wrist splints worn at night.-Home massager requested [5/20/2014].Diagnostic studies consisted of:oDiagnosis was documented as lumbar & cervical displaced intervertebral disc / HNP [722.2, 722.0] and lumbar & cervical radiculopathy [724.4, 723.4]. Also suggested that non-worker's compensation for fibromyalgia, autoimmune condition and rheumatoid disease be considered. oBlood studies [ANA {Anti Nuclear Antigen}, CRP {C - reactive protein}, HLA-B27 {Human Lymphocytic Antigen} and ESR {Erythrocyte Sedimentation Reagent}] were requested to rule out other medical conditions. oDiagnosed with left 4th digit tenosynovitis and possible fibromyalgia [6/19/2014].oCervical disc disease, C6-7 disc bulge with disc bulge and bilateral C6 & C7 radiculopathy. No documentation of these findings e.g. MRI-study.oF.C.E. [Functional Capacity Evaluation] ordered & approved [3/31/2014].Recommendation on 8/18/2014 was to authorize functionally-oriented physical therapy times 8 sessions [9700, 97002, 97110] to improve functional ability, strength & flexibility.Work status: Presently out of work.Date of UR was 8/26/2014.UR decision: Not medically necessary and appropriate.Request for: 8 Physiotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Times 8 Visits For The Cervical Spine: 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 METHODS Page(s): 99, 299-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine / Neck, Physiotherapy/Exercise

Decision rationale: Chronic Pain MTUS guideline states 12 physical medicine visits [that includes self-directed home exercise instruction] to be adequate as initial approach. Documentation regarding the physical therapy (PT) treatment and clinical outcome of this patient's physical therapy treatment was not available. Therefore I cannot support 8 more PT sessions. There may be a PT need for gait training, and should be dependant on medical diagnosis pending and most likely not secondary to the initial incident. PT under those circumstances should:-Be an active program.-Include home exercise program. -The patient need to be compliant with care and -Patient should make significant functional gains with treatment and this should be documented.Reassessment should occur with continuation based on patient compliance, objective functional improvement, and symptom reduction. Documentation for these criteria was, as stated in this case, not available. The only need for further physical therapy treatment would be to emphasize the home exercise program or to address her general ambulation issues, and would not require more than 2 additional visits to reinforce the home exercise program regarding her cervical, thoracic and lumbar spine. The patient should be able to continue to follow a well-explained exercise program at home.ACOEM Guidelines Plus (California version) also states that if the patient failed prior exercise therapy, which is actually unknown, we can consider 6 additional exercise visits (only 6), or consider an interdisciplinary approach. For patients with mild symptoms and minimal disability, treatment should consist of a

therapy evaluation to instruct the patient in a home-based exercise program, with 1 to 2 follow-up visits. If the patient failed prior exercise therapy, MTUS suggest 6 additional exercise visits, or consideration of an interdisciplinary approach [functional restoration program]. It is therefore my opinion that this patient would not need further active PT visits except to update her HEP [Home exercise program] to also include assistance in her recent-onset of general weakness and ambulation issues. ACOEM states that "Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making". Official Disability Guide: physical medicine treatment should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations for example mobility concerns [this seems to be due to a different issue than her initial back incident]. Her present functional limitations are likely to respond to skilled physical medicine treatment (e.g., fusion of an ankle would result in loss of ROM but this loss would not respond to PT, though there may be PT needs for gait training, etc.).