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| Case Number: | CM14-0166451 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 09/16/2013 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 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:

The injured worker is a 28-year-old male who reported an injury on 08/16/2013. The mechanism of injury is not provided. On 08/15/2014, the injured worker presented with complaints of chronic pain in multiple points of his body, including the cervical and lumbar spine with radiation of pain to lower extremities bilaterally and into his shoulders. Upon examination there was discomfort and pain noted upon elevation of the upper extremities bilaterally against gravity. There was spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spines, and decreased range of motion of flexion and extension. The injured worker ambulated with a 1 point cane for several months. There was decreased sensation noted at the L5-S1 dermatomes bilaterally, mainly on the right side. Diagnoses were for shoulder impingement, lumbosacral radiculopathy, and cervical radiculopathy. Prior therapy included medications. The provider recommended physical therapy 3 times a week for 4 weeks for the cervical to lumbar spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 cervical spine to lumbar 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 Therapy Page(s): 98.

Decision rationale: The injured worker is a 28-year-old male who reported an injury on 08/16/2013. The mechanism of injury is not provided. On 08/15/2014, the injured worker presented with complaints of chronic pain in multiple points of his body, including the cervical and lumbar spine with radiation of pain to lower extremities bilaterally and into his shoulders. Upon examination there was discomfort and pain noted upon elevation of the upper extremities bilaterally against gravity. There was spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spines, and decreased range of motion of flexion and extension. The injured worker ambulated with a 1 point cane for several months. There was decreased sensation noted at the L5-S1 dermatomes bilaterally, mainly on the right side. Diagnoses were for shoulder impingement, lumbosacral radiculopathy, and cervical radiculopathy. Prior therapy included medications. The provider recommended physical therapy 3 times a week for 4 weeks for the cervical to lumbar spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.