

Case Number:	CM14-0184473		
Date Assigned:	11/10/2014	Date of Injury:	07/30/2014
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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:

There were 35 pages provided for this review. The initial utilization review was from October 2, 2014. The request for the therapy was non certified. Per the records provided, the patient was described as a 35-year-old man who was injured back in July 2014 reportedly due to cumulative trauma. Diagnoses included cervical and lumbar musculoskeletal ligamentous sprain-strain with radiculitis, rule out discogenic disease, thoracic musculoligamentous strain-sprain, left shoulder tendinosis and bilateral shoulder, right wrist, bilateral knee and ankle strain-sprain. The request was made for 12 physical therapy visits for both shoulders, wrists, knees, ankles, cervical, thoracic and lumbar spine with evaluation. The only medical report submitted for the initial review was a first report of occupational injury or illness dated September 18, 2014. The patient complained of headaches, neck, back and bilateral shoulders wrists and hands, bilateral lower extremity pain and depression and anxiety. There was tenderness over the C4 through C7 vertebrae. There were tenderness and muscle spasms at the bilateral paracervical trapezius muscles. There was decreased cervical range of motion and positive cervical compression. There was positive straight leg raise. There were deficits in range of motion, but they were not documented in degrees and motor strength testing was not performed. The previous reviewer noted that guidelines would recommend up to 12 visits but that the patient be formally assessed after six visit trial to see if the patient is moving in the right direction. Therefore, 12 initially are not supported. Further it is unclear what past therapy had been rendered and what the outcomes were.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits For The Bilateral Shoulders, Wrists, Knees, Ankles, Cervical, Thoracic And Lumbar Spine With Evaluation -: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: This case has moved into the chronic phase. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgias and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. A full 12 sessions would not be supported; this request for skilled, monitored therapy is not medically necessary.