

Case Number:	CM14-0026948		
Date Assigned:	06/13/2014	Date of Injury:	06/18/2009
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 45-year-old female who reported an injury on 06/18/2009 who reportedly sustained an injury to her upper and lower back working with usage of the computer. The injured worker's prior treatment history included MRI, medications, X-rays, epidural steroid injections, and chiropractic treatment. It was noted that the injured worker underwent 2 epidural steroid injections to the cervical spine on 10/27/2011 and 03/06/2012. The injured worker stated that the 2 epidural steroid injections provided her short-term relief. On 7/26/2013, the injured worker undergone an MRI of lumbar spine that concluded L5-S1 there was a broad based posterior disc protrusion with possible annular tear. It was noted that the injured worker underwent 2 epidural steroid injections to the cervical spine on 10/27/2011 and 03/06/2012. The injured worker was evaluated on 12/02/2013 and it was documented that the injured worker had upper back and lower back pain. She had radiating pain to the right trapezius of the shoulder area resulting in an aching, knotting sensation. She had difficulty reaching across her body with the right arm. It was documented that the injured worker had a constant aching discomfort to the lower back. She stated her back goes out. She had radiating pain to the right hip and down to the right leg on occasional basis. On the cervical spine examination, revealed forward head posture was slightly positive, a small dowager's hump that was painful, tenderness and referred pain over the nuchal ligament and musculature on the right. The range of motion flexion was 30 degrees and extension was 30 degrees. The physical examination of the right shoulder revealed Crepitus, Neer, and Hawkins impingement test was positive. There was pain noted with right abduction/adduction. The range of motion on the right shoulder flexion was 150 degrees and extension was 50 degrees. The lumbar spine examination revealed low back pain radiating to the lateral aspect of the right hip almost to the greater trochanteric area. There was tenderness over the spine, sacroiliac joints, buttocks, trochanters, and lumbar ligament. The range of motion was

flexion and right lateral bend was 15 degrees, extension was 30 degrees, and left lateral bend was 20 degrees. The straight leg raise and Lasegue's was positive on the right side. The physical examination of the hip revealed range of motion was within normal limits and muscle strength was within normal limits. The injured worker's diagnoses included cervical strain and degenerative cervical disc disease, multilevel, C4-5 and C6-7 with cervical root impingement, supraspinatus, calcific tendonitis/impingement syndrome right shoulder, and lumbar strain, possible sacroiliitis, possible right lower radiculopathy. There were no medications listed for the injured worker. The Request for Authorization dated 02/10/2014 was for physical therapy 3 times per week x4 weeks, cervical, lumbar, trochanteric bursitis, and right shoulder however, the rationale was not provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK X 4 WEEKS, CERVICAL, LUMBAR, TROCHANTERIC BURSITIS & RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

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

Decision rationale: The request for physical therapy, 3-times per week for 4 weeks for the cervical, lumbar, trochanteric bursitis & right shoulder is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker had acupuncture treatment, physical therapy, and chiropractic treatment; however, there was lack of documentation of the outcome measurements provided to indicate functional improvement. There was lack of evidence of a home exercise regimen indicated for the injured worker and medication pain management. Furthermore, the documents provided did not indicate # of physical therapy sessions the injured worker has already completed. Given the above, the request for physical therapy, 3-times per week for 4 weeks for the cervical, lumbar, trochanteric bursitis, and right shoulder is not medically necessary.