

<b>Case Number:</b>	CM14-0034068		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Anesthesiologist and is licensed to practice in Florida. 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 34-year-old male who reported an injury on 12/18/2013. The injury reportedly occurred when the injured worker was pushing the last sack of livestock food, lifting it over his head, felt his foot slip and when he pushed it back, he felt pain to the right elbow, right shoulder and back. His diagnoses were noted to include cervical strain, lumbar strain, right shoulder impingement and bursitis, and right tennis elbow. His treatment was noted to include 6 sessions of therapy to the right shoulder and elbow, which were consistent of exercise only as well as a back brace and an elbow brace for support, medications, subacromial injections and chiropractic therapy to the lumbar spine. The physical therapy note for the right shoulder sprain and lateral epicondylitis dated 02/06/2014 reported the injured worker's upper extremity range of motion was 100% of within normal limits and the left upper extremity motor strength was 5/5, and the right motor upper extremity was 4/5. The progress note dated 03/18/2014 noted the right elbow was tender about the lateral epicondyle. The range of motion testing was extension to 0 degrees, flexion to 140 degrees, and pronation and supination are both 80 degrees. The strength was noted to be intact in all planes of motion. The examination of the lumbar spine was noted to have tenderness and spasm. The range of motion was noted to be flexion to 40 degrees, extension to 20 degrees, bending was 20 degrees to the right/left. The straight leg raise was negative and motor strength was rated 5/5. The lumbar spine sensation was noted to be intact to all dermatomes, and deep tendon reflexes were noted to be 1 to 2+ and symmetrical responses at the biceps, triceps, brachial radialis, patellar and Achilles regions. The progress note dated 04/07/2014 reported the injured worker complained of pain to his right shoulder, right elbow, and low back. The injured worker reported the right shoulder woke him up at night and his symptoms have continued to increase. The injured worker also complained of persistent aching pain in his low back and rates all of his pain at 5/10. The physical exam of the right shoulder was

positive for Neer's, Hawkin's test, O'Brien's and impingement signs. The range of motion was noted to be abduction was 160 degrees, adduction was 40 degrees, and extension was 40 degrees. The internal and external rotation were both noted to be 90 degrees, flexion was 60 degrees, and resisted abduction did cause the injured worker pain. The strength was noted to be 5/5 in the deltoids, biceps, triceps, and wrist flexors. There was a 4+ strength noted on abduction. There were no sensory deficits noted to follow dermatome pattern. Reflexes were noted to be 2+ bilateral and symmetrical to the bilateral upper extremities. The Request for Authorization Form dated 02/10/2014 is for 6 visits of physical therapy for the neck, back, right shoulder, forearm strap, and re-evaluation within 6 weeks, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy for neck x6 QTY: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The request for physical therapy to the neck times 6 is medically necessary. The injured worker has a decreased range of motion to the cervical spine and there is no evidence of prior physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided noted the injured worker has decreased range of motion to the cervical spine and there is no previous treatment reported within the medical records. The request for 6 sessions of physical therapy is within the guidelines and the injured worker is now in the chronic phase of the injury being since his injury was in 12/2013. Therefore, the request is medically necessary.

#### **Physical therapy low back x6 QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The request for physical therapy low back times 6 is not medically necessary. The injured worker has received previous therapy. The California Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function,

range of motion, and can alleviate discomfort. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received previous chiropractic therapy with therapeutic exercises to the lumbar spine. However, the previous therapeutic exercises do not show objective functional improvement or measurable objective functional deficits from the time of treatment onset. Additionally, the request for six additional visits of physical therapy exceeds the guidelines and there are not exceptional factors documented to warrant additional therapy. Therefore, the request is not medically necessary.

**Physical therapy right shoulder x6 QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The request for physical therapy to the right shoulder times 6 is not medically necessary. The injured worker has received previous 6 sessions of physical therapy. The California Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided shows a decreased range of motion to the right shoulder despite physical therapy sessions; however, the guidelines recommend 9 to 10 visits and the additional 6 sessions would exceed the guideline recommendations. Therefore, the request is not medically necessary.

**Right sided forearm strap QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33-40.

**Decision rationale:** The request for a right-sided forearm strap is not medically necessary. The injured worker has been diagnosed with tennis elbow. The California MTUS/ACOEM Guidelines state the results of a study that 12 weeks of brace treatments resulted in relief of pain, improvement in functionality of the arm, and pain-free grip strength in patients with lateral epicondylitis. The beneficial effects last for at least another 12 weeks after cessation of brace therapy. The conclusion is the brace treatment might be useful as an initial therapy. The guidelines state that brace treatment might be useful as an initial therapy and the injury occurred 6 months ago. Therefore, a chronic injury is not supported by the guidelines. As such, the request is not medically necessary.

**Re-evaluation within six weeks high complexity billing QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Doctor's Visit for the evaluation of an established patient for a detailed history, examination, and a medical decision of moderate complexity.

**Decision rationale:** The request for re-evaluation within 6 weeks high complexity billing is not medically necessary. The injured worker's injury occurred 6 months ago. The Official Disability Guidelines state office for other outpatient visit for evaluation and management of an established patient, which requires at least 2 of these 3 key components to include a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care whether their physicians, other qualified healthcare professionals, or agencies are provided consistent with the nature of the problem and the patient's and/or family's needs. Usually, the presenting problems are of moderate to high severity. Typically, 25 minutes are spent face to face with the patient and/or family. The injured worker was injured 6 months ago and is an established patient. The submitted documentation does not give an indication of a high complexity condition to warrant a high complexity evaluation. The conditions are musculoskeletal and the treatment request was for physical therapy, not an interventional or more invasive-type treatment. Therefore, an office visit for high complexity billing has not been determined. Therefore, the request is not medically necessary.