

Case Number:	CM14-0037535		
Date Assigned:	06/30/2014	Date of Injury:	09/29/2012
Decision Date:	12/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37-year-old male with a date of injury of 09/29/2012. According to progress report 02/12/2014, the patient presents with pain in the neck, mid/upper back, low back, and left elbow/wrist. Examination of the cervical spine revealed grade 2 to 3 tenderness to palpation over the paraspinal muscles, restrictive range of motion, and cervical compression test is positive. Examination of the thoracic spine revealed 2 to 3 tenderness to palpation over the paraspinal muscles, decreased range of motion, and trigger points were noted. Examination of the lumbar spine revealed 2 to 3 tenderness to palpation over the paraspinal muscles, positive straight leg raise and trigger points were noted. Examination of the left elbow revealed tenderness to palpation with restrictive range of motion and positive Tinel's, Finkelstein's, and Phalen's test. The patient states that physical therapy helps to decrease his pain and tenderness. The listed diagnoses are: 1. Status post blunt head trauma. 2. Facial contusion. 3. Facial laceration with subsequent surgery. 4. Vision complaints. 5. Nasal trauma. 6. Cervical spine sprain/strain. 7. Thoracic spine musculoligamentous sprain/strain. 8. Lumbar spine ligamentous sprain/strain with radiculitis. 9. Lumbar spine protrusion. 10. Status post lumbar surgery on 07/17/2013. 11. Left elbow olecranon bursitis. 12. Left forearm internal derangement. 13. Left forearm/wrist radius fracture, status post internal fixation with subsequent nonunion. 14. Left wrist triangular fibrocartilage tear. 15. Depression/anxiety. 16. Sleep disturbance secondary to pain. The treater recommends physical therapy and medications flurbiprofen, TGHOT, and tramadol 50 mg #60. Utilization review denied the request on 03/14/2014. Treatment reports from 09/16/2013 through 02/12/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the cervical spine 3x4 (12 visits): Upheld

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

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

Decision rationale: This patient presents with chronic neck, mid/upper back, low back, and left elbow/wrist pain. The treater is requesting physical therapy of the cervical spine 3 x 4 (12 visits). For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file does not indicate that the patient has had physical therapy addressing the cervical spine issues. Utilization review denied the request stating that the "patient's injury is more than 1 year, and there is limited documentation or confirmation if the claimant received physical therapy for the cervical spine to consider the proposed physical therapy sessions." In this case, the treater's request for 12 sessions exceeds what is recommended by MTUS. The request is not medically necessary.

Physical Therapy of the thoracic spine 3x4 (12 visits): Upheld

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

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

Decision rationale: This patient presents with neck, mid/upper back, low back, and left elbow/wrist pain. The treater is requesting physical therapy of the thoracic spine 3 x 4, 12 visits. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 visits over 8 weeks. According to physical therapy progress report from 01/09/2014, the patient presents with thoracic spine sprain/strain and left elbow pain. It was noted the patient has received total of 45 visits. It was noted the patient has improved overall in the thoracic spine by 10%, and short-term goal and long-term goals have not been met. The patient's home exercise program was reviewed with the patient, and recommendation is for "1.5 hours of home exercise program." In this case, the patient has received ample physical therapy sessions for the thoracic spine. Although short-term and long-term goals were not met, the patient has been guided in a home exercise program. The treater's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treater provides no discussion as to why the patient would not be able to transition into a self-directed home exercise program. The request is not medically necessary.

Physical Therapy of the lumbar spine 3x4 (12 visits): Upheld

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

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

Decision rationale: This patient presents with neck, mid/upper back, low back, and left elbow/wrist pain. The treater is requesting physical therapy of the lumbar spine 3 x 4 (12 visits). For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. It was noted the patient is status post lumbar surgery from July of 2013. This patient is outside of the postsurgical timeframe. In this case, medical records indicate the patient received 45 physical therapy sessions as noted in physical therapy progress report 01/09/2014. The treater states that thoracic spine and left wrist issues were addressed. It is not clear whether all 45 sessions strictly addressed the thoracic spine and left wrist, or if some were post operative PT treatment. In this case, the treater's request for 12 physical therapy sessions for the lumbar spine exceeds what is recommended by MTUS. The request is not medically necessary.

Physical Therapy of the left elbow 3x4 (12 visits): 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 medicine Page(s): 98-99.

Decision rationale: This patient presents with neck, mid/upper back, low back, and left elbow/wrist pain. The treater is requesting physical therapy of the left elbow 3 x 4 (12 visits). For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, physical therapy progress report from 01/09/2014 indicates that the patient received 45 physical therapy sessions to address the thoracic spine and left elbow sprain/strain. It was noted that the pain, tenderness, and spasm have not changed despite therapy. The report documents that there is no change in endurance, function, ADLs, and flexibility. In this case, it is unclear why additional physical therapy for the left elbow is being requested as physical therapy progress report from 01/09/2014 indicates there is no improvement despite excessive PT sessions. Furthermore, the treater's request for 12 additional sessions exceeds what is recommended by MTUS. The request is not medically necessary.

Urine Toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug screen

Decision rationale: This patient presents with neck, mid/upper back, low back, and left elbow/wrist pain. The treater is requesting urine toxicology. Utilization review denied the request stating that the claimant was last documented to be prescribed opioids on 11/23/2014, and there is no indication that the claimant is currently taking an opiate medication. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Progress report 02/12/2014 indicates the patient has been prescribed tramadol. There is no indication that a urine drug screen was provided in the recent past. ODG allow for once yearly random UDS for low risk patient that are on an opiate regimen. Given such, the request is medically necessary