MAXIMUS Federal Services

Case Number:	CM14-0038630		
Date Assigned:	06/27/2014	Date of Injury:	10/22/2002
Decision Date:	08/06/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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, 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 58 year old with an injury date on 10/22/02. Patient complains of intermittent lower back pain, rated 5/10, radiating to bilateral lower extremities, right more than left, with cramping per 12/30/13 report. Patient also complains of bilateral shoulder pain at night, right hip pain, and right ankle pain radiating to right lower extremity per 12/30/13 report. Based on the 12/30/13 progress report provided by [redacted] the diagnoses are: 1. s/p right ulnar nerve transposition surgery on 1/23/13. 2. s/p two-level anterior cervical decompression and fusion with mild transition syndrome at C4-C5. 3. bilateral ulnar entrapment at the elbows, right more than left, by EMG/NCV studies. 4. degenerative joint disease with myoligamentous s/s of the L-spine at L4-L5 with retrolisthesis at L5-S1. 5. early degenerative changes at the right hip. 6. right lower extremity radicular pain/paresthesia. 7. right hip musculoligamentous s/s, rule out internal derangement. 8. right foot musculoligamentous s/s. 9. early degenerative disc disease at L5-S1. 10. right acetabular bone contusion. Exam on 12/30/13 showed restricted range of motion in L-spine, right hip, and bilateral ankles. Straight leg raise, Braggard's test, and Faber's test are positive to the right and negative to the left. [redacted] is requesting continued physical therapy to the bilateral upper extremities, right hip and lumbar spine, two times a week for four weeks. The utilization review determination being challenged is dated 3/20/14 and rejects request due to lack of documentation of functional improvement from prior therapy. [redacted] is the requesting provider, and he provided a single treatment report from 12/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy to the bilateral upper extremities, right hip and lumbar spine-two times a week for four weeks.: Upheld

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

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

Decision rationale: This patient presents with lower back pain with radiation to bilateral lower extremities, shoulder pain, right hip pain, and right ankle pain. The treater has asked for continued physical therapy to the bilateral upper extremities, right hip and lumbar spine, two times a week for four weeks on 12/30/13. Review of the report shows no therapy reports, no discussion of prior/recent therapy treatments. However, the request is for continued therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater does not explain why additional therapy is needed. There is no explanation as to how the patient has done from recent therapy and the treater does not mention therapy history. MTUS page 8 requires that the treater provide monitoring of the patient's progress. Additional therapy cannot be recommended without these documentations. The request is not medically necessary.