

Case Number:	CM14-0044247		
Date Assigned:	06/20/2014	Date of Injury:	07/08/2010
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pain Management 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:

This is a female patient with the date of injury of July 8, 2010. A Re-Evaluation dated February 4, 2014 identifies chief complaints of persistent pain of the neck with headache. The pain radiates to the upper extremities with numbness and tingling. She has low back pain and upper extremity pain. Physical examination identifies tenderness of the cervical paravertebral muscles. There is pain with terminal motion. Axial loading compression test and Spurling's maneuver are positive. There is dysesthesia at the C5 and C6 dermatomes, tenderness at the shoulder anteriorly, positive impingement and Hawkins' sign. There is also pain with terminal motion, tenderness at the medial aspect of the elbows, positive Tinel's sign at the elbow, pain with terminal flexion, tenderness at the dorsal wrist with minimal swelling, pain with terminal flexion with limited range of motion, diminished sensation of the radial digits, and tenderness at the lumbar paravertebral muscles. The seated nerve root test is positive. There is tenderness at the anterolateral aspect of the hip and pain with hip rotation. Diagnoses identify cervical discopathy with chronic cervicalgia, lumbar discopathy, bilateral carpal tunnel/cubital tunnel syndrome/double crush syndrome, bilateral shoulder impingement, partial of supraspinatus tendon, and likely full thickness tear in the critical insertion zone of supraspinatus tendon with superior labral tear. Treatment Plan identifies a course of physical therapy, two times per week for four weeks, for exacerbation of her symptoms as this treatment has helped her symptomatology in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical and lumbar spine, bilateral shoulders, elbow wrists and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: Regarding the request for physical therapy for the cervical and lumbar spine, bilateral shoulders, elbow, wrists, and right hip, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions which helped her symptomatology, but there is no documentation of specific objective functional improvement with the previous sessions. Deficits are pain with range of motion. However, there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy for the cervical and lumbar spine, bilateral shoulders, elbow, wrists, and right hip is not medically necessary.