

Case Number:	CM14-0049816		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2013
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 57 year-old patient sustained an injury on 12/5/13 from pulling a pallet that got stuck and fell to the ground while employed by [REDACTED]. Request(s) under consideration include 3 of 9 Physical therapy sessions, Body part Lumbar spine. Diagnoses include lumbar facet hypertrophy/ disc protrusion/ radiculopathy/ facet hypertrophy; left elbow neuralgia/ sprain/strain; left CTS/ sprain/strain; anxiety; depression; loss of sleep; irritability; nervousness; hypertension; and elevated blood pressure. Reports from the chiropractic provider noted the patient with elbow and wrist symptoms. Exam showed left wrist with limited range of flex/ext/radial deviation/ulnar deviation of 40/40/15/20 degrees; painful but full left elbow range; tenderness to palpation of lateral/medial/volar wrist. The patient has completed at least 9 prior physical therapy sessions. MRI of left wrist dated 1/14/14 noted mild osteonecrosis of carpal bones; no fracture/ abnormal fluid; hypertrophic changes in first metacarpal bone. MRI of left elbow dated 1/14/14 showed hypertrophic changes of proximal radius and ulnar and no evidence of fracture or abnormal fluid. Report of 4/4/14 from the orthopedic provider noted radiating lumbar spine pain rated at 7/10 with intermittent left elbow and left wrist pain. Exam showed ambulating with normal gait; heel and toe walk; elbow/forearm with positive left provocative testing; tenderness on palpation; normal elbow/forearm range; wrists with tenderness and limited left wrist range; lumbar spine with positive SLR, intact motor and sensory. Diagnoses included left wrist sprain; left elbow medial epicondylitis; right sided L5-S1 disc protrusion with discogenic back pain and radiculopathy. Treatment recommendation include LESI and facet injections; left wrist brace and elbow injection. Request(s) for 3 of 9 Physical therapy sessions, Body part Lumbar spine was non-certified on 4/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 of 9 Physical therapy sessions, Body part Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: This 57 year-old patient sustained an injury on 12/5/13 from pulling a pallet that got stuck and fell to the ground while employed by [REDACTED]. Request(s) under consideration include 3 of 9 Physical therapy sessions, Body part Lumbar spine. Diagnoses include lumbar facet hypertrophy/ disc protrusion/ radiculopathy/ facet hypertrophy; left elbow neuralgia/ sprain/strain; left CTS/ sprain/strain; anxiety; depression; loss of sleep; irritability; nervousness; hypertension; and elevated blood pressure. Reports from the chiropractic provider noted the patient with elbow and wrist symptoms. Exam showed left wrist with limited range of flex/ext/radial deviation/ulnar deviation of 40/40/15/20 degrees; painful but full left elbow range; tenderness to palpation of lateral/medial/volar wrist. The patient has completed at least 9 prior physical therapy sessions. MRI of left wrist dated 1/14/14 noted mild osteonecrosis of carpal bones; no fracture/ abnormal fluid; hypertrophic changes in first metacarpal bone. MRI of left elbow dated 1/14/14 showed hypertrophic changes of proximal radius and ulnar and no evidence of fracture or abnormal fluid. Report of 4/4/14 from the orthopedic provider noted radiating lumbar spine pain rated at 7/10 with intermittent left elbow and left wrist pain. Exam showed ambulating with normal gait; heel and toe walk; elbow/forearm with positive left provocative testing; tenderness on palpation; normal elbow/forearm range; wrists with tenderness and limited left wrist range; lumbar spine with positive SLR, intact motor and sensory. Diagnoses included left wrist sprain; left elbow medial epicondylitis; right sided L5-S1 disc protrusion with discogenic back pain and radiculopathy. Treatment recommendation include LESI and facet injections; left wrist brace and elbow injection. Request(s) for 3 of 9 Physical therapy sessions, Body part Lumbar spine was non-certified on 4/2/14. Exam showed tenderness, but with intact neurological exam in motor strength, sensation, and reflexes. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support

further treatment. The 3 of 9 Physical therapy sessions, Body part Lumbar spine is not medically necessary and appropriate.