

Case Number:	CM14-0054459		
Date Assigned:	07/09/2014	Date of Injury:	11/29/2012
Decision Date:	09/17/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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, 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 injured worker is a 57-year-old female, who reported an injury on 11/29/2012. However, the mechanism of injury was not provided. On 03/19/2014, the injured worker presented with neck, back, and left shoulder pain. Upon examination of the cervical spine, there was a positive Spurling's, 5/5 motor strength, and cervical range of motion of 45 degrees of flexion, 50 degrees of extension, 20 degrees of bilateral bending, and 65 degrees of bilateral rotation. There was 5/5 strength in the radial, ulnar, and median nerves and +2 reflexes in the biceps, triceps, and brachioradialis. There was intact sensation to light touch and pinprick over the C1 through C6 bilateral dermatomes. There was left-sided tenderness along the trapezius, subacromial, clavicular, and acromioclavicular. An x-ray of the right elbow, performed on 02/05/2014, revealed a slight osteoarthritis and medial epicondyle calcification; x-rays of the left shoulder revealed status post acromioplasty and distal clavicular resection; x-rays of the cervical spine revealed loss of lordosis and disc space narrowing at C6-7 and anterior and posterior osteophytes at C6-7 with foraminal narrowing at C6-7. The x-ray of the lumbar spine noted L2-3 and L3-4 facet joint narrowing and hypertrophy at L2-5. Diagnoses were osteoarthritis of the elbow, shoulder arthralgia, elbow arthralgia, cervical spondylosis, lumbar spondylosis without myelopathy, cervical disc degeneration, lumbar/lumbosacral disc degeneration, shoulder impingement/bursitis, elbow medial epicondylitis, cervical myofascial sprain/strain, and lumbar myofascial sprain/strain. Prior therapy included acupuncture and medications. The provider recommended physical therapy for the neck, low back, and left shoulder and a pain management consultation. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times per week for 4-6 weeks for neck, low back, left shoulder:

Upheld

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

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

Decision rationale: The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The provider's request for physical therapy 2 to 3 times a week for 4 to 6 weeks exceeds the recommendation of the guidelines. As such, the request is not medically necessary.

Pain Management Consult for possible epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introductions Page(s): 1.

Decision rationale: The California MTUS state that if the pain persists, the provider needs to reconsider the diagnosis and decide whether a specialist is necessary. There is lack of documentation of the injured worker's failure to respond to conservative treatment and the efficacy of prior therapies. The provider's rationale for a pain management consultation was not provided. As such, the request is not medically necessary.