

Case Number:	CM14-0057041		
Date Assigned:	07/09/2014	Date of Injury:	11/27/2013
Decision Date:	08/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 75-year-old male who reported an injury on 11/27/2013. The mechanism of injury was noted as a slip and fall. The diagnoses included cervical spine sprain/strain, left shoulder/humerus sprain/strain, left elbow sprain/strain, thoracic spine, sprain/strain, lumbar spine sprain/strain, left hip sprain/strain, left knee sprain/strain, polyarthritis, insomnia, eyelid laceration, left rib contusion, left chest strain. Previous treatments include a Functional Capacity Evaluation and medication. Within the clinical note dated 12/18/2013, it was reported the injured worker complained of daily headaches. The injured worker complained of a stabbing pain and blurry vision in his left eye. The injured worker complained of continuous chest and left rib pain, rated at 9/10. The injured worker complained of left upper arm pain which he rated 10/10 in severity. The injured worker complained of left elbow pain which he rated 5/10 in severity. The injured worker complained of frequent middle and low back pain which he rated 5/10 to 6/10 in severity. He complained of intermittent left knee pain which he rated 5/10 in severity. Upon the physical examination, the provider noted tenderness to palpation over the cervical paraspinal, suboccipital, upper trapezius, and sternocleidomastoid musculature bilaterally. Cervical range of motion was flexion at 40 degrees and extension at 30 degrees. Examination of the left shoulder noted tenderness to palpation over the pectoralis, upper trapezius, and latissimus dorsi. On examination of the left elbow, the provider noted 1+ swelling. There was tenderness to palpation over the flexor, extensor musculature. Upon examination of the lumbar spine, the provider noted tenderness to palpation of the lumbar paraspinal, quadratus lumborum, gluteal musculature, and SI joint bilaterally. There were spasms noted over those areas as well. Range of motion of the lumbar spine was flexion at 30 degrees and extension and 10 degrees. The most recent clinical note dated 03/21/2014 is unchanged. The provider requested physical therapy 2 times a week for

4 week for the thoracic and lumbar spine. However, rationale was not provided for review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 4 weeks (thoracic, lumbar): Upheld

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

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

Decision rationale: MTUS Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, function. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, as well as decreased strength and flexibility. There is lack of documentation indicating whether the injured worker has previously undergone physical therapy or the amount of physical therapy that the injured worker has already completed. Therefore, the request is not medically necessary.