

Case Number:	CM14-0060153		
Date Assigned:	07/09/2014	Date of Injury:	03/06/2014
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 Pain Medicine and is licensed to practice in Texas. 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 52 year old female who sustained injuries to her cervical, lumbar, thoracic, bilateral hands/wrists, and shoulders while performing her usual and customary duties as a warehouse clerk/picker. She stated that she was performing work that required her to lift heavy items and experienced an onset of severe back pain. She presented to the emergency department and was sent to an industrial injury clinic for her multiple body part complaints. Physical examination noted 3 plus tenderness in the bilateral paraspinal musculature from C2 through C7, bilateral sub-occipital muscles and bilateral upper shoulder muscles. There was decreased range of motion in the cervical spine; positive axial compression test, distraction test and shoulder depression test; decreased left and right triceps reflex; thoracic spine exam revealed +3 spasm and tenderness to the bilateral thoracic paraspinal muscles from T1 through T7; positive Kemp's test, straight leg raise test and Yeoman's; +2 reflexes in the bilateral lower extremities; +3 spasms and tenderness to the bilateral rotator cuff muscles and bilateral upper shoulder muscles; decreased and painful range of motion; positive Speed's test and supraspinatus test. Treatment to date has included bilateral wrist braces, work restrictions, activity modifications and 3 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for twelve weeks for the cervical, lumbar, thoracic, bilateral hands/wrists and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines neck and Upper Back Chapter, Physical Therapy Guidelines, Low Back Chapter, Shoulder Chapter, Forearm, Wrist, and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

Decision rationale: The total number of physical therapy visits received by the injured worker to date is unknown. There was no mention in the medical records that a surgical intervention was performed on the injured worker. The Official Disability Guidelines recommend up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for physical therapy once a week for twelve weeks for the cervical, lumbar, thoracic, bilateral hands/wrists, and the bilateral shoulders is not medically necessary.