

Case Number:	CM14-0061063		
Date Assigned:	08/06/2014	Date of Injury:	12/19/2003
Decision Date:	10/23/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 66 year-old with a date of injury of 12/19/03. A progress report associated with the request for services, dated 03/19/14, identified subjective complaints of cervical, lumbar, left shoulder, left elbow, and left wrist and hand pain. Objective findings included tenderness to palpation of all the affected areas. There was decreased range of motion of all the affected areas except the thoracic spine. Motor and sensory function of the upper extremities was normal, but the left triceps reflex was diminished. Diagnoses included (paraphrased) lumbar and thoracic spondylosis; cervical disc disease; lateral epicondylitis; rotator cuff tear; carpal tunnel syndrome; and tendonitis of the left hand. Treatment is reported to include 18 previous sessions of physical therapy (notes not included). Functional improvement related to the therapy was not documented. A Utilization Review determination was rendered on 04/08/14 recommending non-certification of "12 Physical medicine session for lumbar spine; 12 Physical medicine session for cervical spine; 12 Physical medicine session for thoracic spine; 12 Physical medicine session for left shoulder; 12 Physical medicine session for left elbow; 12 Physical medicine session for left wrist; and Sleep number bed".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical medicine sessions for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "...active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks. The patient has received 18 physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendation of 10-12 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement. Therefore, the request is not medically necessary.

12 Physical medicine sessions for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "...active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for neck strain, 10 visits over 8 weeks are recommended. For cervical disc disease and radiculopathy, 10-12 visits over 8 weeks. The patient has received 18 of previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendation of 10-12 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the 12 additional physical therapy sessions are not medically necessary.

12 Physical medicine sessions for thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "...active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for neck & upper back strain, 10 visits over 8 weeks are recommended. For disc disease and radiculopathy, 10-12 visits over 8 weeks. The patient has received 18 of previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendation of 10-12 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the 12 additional physical therapy sessions are not medically necessary.

12 Physical medicine sessions for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "...active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for shoulder strain and impingement or rotator cuff syndrome, 10 visits over 8 weeks are recommended. The patient has received 18 previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the 12 additional physical therapy sessions are not medically necessary.

12 Physical medicine sessions for left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "...active therapies at home as an extension of the treatment process in order to maintain

improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for elbow sprains and strains, 9 visits over 8 weeks, for epicondylitis, 8 visits over 5 weeks are recommended. The patient has received 18 previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the 12 additional physical therapy sessions are not medically necessary.

12 Physical medicine sessions for left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "...active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for wrist strain and pain, 9 visits over 8 weeks are recommended. The patient has received 18 previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the 12 additional physical therapy sessions are not medically necessary.

Sleep number bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Mattress Selection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Mattress Selection

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not specifically address sleep number beds. They do note that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines (ODG) state: "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Therefore, there is no documented medical necessity in the record for a sleep number bed.