

Case Number:	CM14-0070438		
Date Assigned:	07/14/2014	Date of Injury:	06/12/2013
Decision Date:	08/28/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old female with a work injury dated 6/12/13. The diagnoses include cervical spine sprain/strain: lumbar spine strain/sprain, left hip trochanteric bursitis; left/right patellar tendinitis; right/left carpal tunnel syndrome. Under consideration is a request for physical Therapy: 2x6 sessions, directed to the hip, neck, and back. There is a primary treating physician report dated 2/20/14 that states that the patient was last seen on 10/17/13 and remains symptomatic. Since then, patient has been waiting to undergo an MRI to the cervical and lumbar spine. She is to have a PQME on 02/22/14. On exam there is a complaint of pain with neck motion. There is complaint of tenderness to palpation over the paracervical spine, left greater than right trapezius muscle. Tinel's sign is positive at the right wrist. Phalen's test is positive on the right. Percussion over the lower lumbar segment elicits discomfort at L4-5 and L5 -S1, left greater than right. Heel and toe walking is accomplished with complaint of increased pain in the left hip. The sitting straight leg raising test is reported as positive at 90 on the left. The supine straight leg raising test is reported as positive at 90 on the left. There is mild grating or crepitation throughout the range of motion. McMurray's sign is positive medially and laterally. There is complaint of tenderness to palpation along the medial/lateral joint lines, laterally .greater then medially. Sensation to pinprick and light touch is decreased in the L5 distribution on the left. The treatment plan includes a request for the patient to see a pulmonologist due to lung issues, a request for authorization for the patient to undergo imaging of the cervical spine, lumbar spine and left knee, as well as EMG and nerve conduction studies of both upper and lower extremities and related paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 2x6 sessions, directed to the hip, neck, and back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299-300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter: Physical Therapy.

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

Decision rationale: The Claims Administrator based its decision on the MTUS ACOEM Practice Guidelines, page 299-300 and on the MTUS Chronic Pain Medical Treatment Guidelines, and on the Non-MTUS Official Disability Guidelines (ODG) Neck and Upper Back Chapter: Physical Therapy. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines physical medicine , page 98-99. The Expert Reviewer's decision rationale: Physical Therapy: 2x6 sessions, directed to the hip, neck, and back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is recommended to have up to 10 visits for this condition. The request for 12 exceeds this guideline. Furthermore, the documentation indicates that the patient had prior therapy. There are no findings on the documentation submitted that require an additional 12 sessions of therapy. The request therefore, for physical therapy is not medically necessary.