

Case Number:	CM14-0074704		
Date Assigned:	07/16/2014	Date of Injury:	05/16/2013
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Pain Medicine, 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:

This is a 65-year-old female who sustained a remote industrial injury on 05/16/13 diagnosed with lumbar spine strain with degenerative disc disease, right shoulder rotator cuff tear, cephalgia, bilateral wrist basal joint arthritis, chronic right scaphoid nonunion, bilateral carpal tunnel syndrome, right medial epicondylitis, cervical spine strain with degenerative disc disease, and complaints of depression, anxiety, and sleep difficulty. Mechanism of injury occurred as a result of repetitive job duties and increased workload as a veterinary technician, including repetitive use of her hands, arms, legs, and moving her whole body. The request for 12 Initial Physical Therapy Visits for the Cervical Spine, 2 times a week for 6 weeks was non-certified at utilization review due to the lack of documentation regarding previous care since the date of injury and the treating physician mentions that the patient did not have any success with prior physical therapy. The most recent progress note provided is 06/03/14. Patient complains primarily of low back pain rated as an 8/10, right shoulder pain rated as an 8-9/10, neck pain rated as an 8-9/10, and right foot numbness on the right toe. Prolonged activities, movements, bending, and stooping aggravate the pain. Physical exam findings reveal decreased range of motion of the cervical spine; increasing pain of the right shoulder towards terminal range of motion; tenderness to palpation of the flexor attachment at the medial epicondyle on the right elbow; decreased grip strength of the right hand; and tenderness of bilateral CMC joints. Current medications include: Motrin, Prilosec, and Ultram. It is noted that in a previous progress report, dated 03/04/14, that previous physical therapy for the neck and shoulder did not help the patient but actually worsened her condition. Provided documents include previous progress reports, requests for authorization, an Orthopaedic Agreed Medical Examination, and a supplemental Orthopaedic Agreed Medical Examination report. The patient's previous treatments include physical therapy and medication. Imaging reports are not included but an MRI of the cervical spine, performed on

09/20/13, is referenced as revealing moderate to severe central stenosis of the C4-5 and C6-7 levels associated with disc protrusions and thickening of the ligamentum flavum; multiple levels of neural foraminal stenosis; multiple levels of advanced facet arthropathy; and multilevel degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Physical Therapy Visits for the Cervical Spine, 2 times a week for 6 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to CA MTUS guidelines, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Provided documentation notes that the patient has participated in physical therapy in the past but the number of sessions completed and any functional improvement obtained as a result is not specified. Rather, it is highlighted that physical therapy worsened the patient's condition. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Thus, medical necessity is not supported and the request for 12 Initial Physical Therapy Visits for the Cervical Spine, 2 times a week for 6 weeks is not medically necessary.