

Case Number:	CM14-0076610		
Date Assigned:	07/16/2014	Date of Injury:	09/25/2013
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 54-year-old male with a 9/25/13 date of injury and status post left forearm skin graft 9/25/13. At the time (5/1/14) of the Decision for authorization for Physical Therapy Treatment to the cervical spine, right shoulder, left elbow, left wrist, left knee, pelvis and lumbar spine for 8 sessions, 2 x 4 there is documentation of subjective (condition unchanged since last evaluation, pain in cervical spine, right shoulder, left elbow, left wrist, pelvis, lumbar spine, and severe pain in left hand with severe numbness, burning, and tingling, which radiates up to his forearm) and objective (cervical and lumbar spine tender to palpation with myospasms and limited range of motion, tenderness to palpation right shoulder and left knee with limited ranges of motion, tenderness about left elbow, tenderness to palpation of left wrist with restricted ranges of motion, unable to flex the foreign fourth and fifth fingers in making a fist, positive paresthesia, and painful at ulnar border left wrist) findings, current diagnoses (left elbow severe abrasion with full thickness and skin loss of the left elbow for which skin grafting has been carried out, left knee foreign body; small joint effusion per x-rays, cervical spine sprain/strain vs. discopathy, lumbar spine sprain/strain vs. discopathy, pelvis sprain/strain, left wrist sprain/strain; mild carpal tunnel syndrome per EMG/NCV, and right shoulder sprain/strain), and treatment to date (medications (including Carisoprodol and Hydrocodone)). It cannot be determined if this is a request for initial or additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy treatment to the cervical spine, right shoulder, left elbow, left wrist, left knee, pelvis and lumbar spine for 8 sessions, 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical therapy; Shoulder, Physical therapy; Elbow, Physical therapy; Forearm, Wrist, & Hand, Physical therapy; Knee, Physical therapy; Hip & Pelvis, Physical therapy; Low Back, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of neck not to exceed 10 visits over 8 weeks; sprained shoulder not to exceed 10 visits over 8 weeks; sprains and strains of elbow and forearm not to exceed 9 visits over 8 weeks; sprains and strains of wrist and hand not to exceed 9 visits over 8 weeks; effusion of joint not to exceed 9 visits over 8 weeks; sprains and strains of hip and thigh not to exceed 9 visits over 8 weeks; and lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left elbow severe abrasion with full thickness and skin loss of the left elbow for which skin grafting has been carried out, left knee foreign body; small joint effusion per X-rays, cervical spine sprain/strain vs. discopathy, lumbar spine sprain/strain vs. discopathy, pelvis sprain/strain, left wrist sprain/strain; mild carpal tunnel syndrome per EMG/NCV, and right shoulder sprain/strain. However, given documentation of a 9/25/13 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy Treatment to the cervical spine, right shoulder, left elbow, left wrist, left knee, pelvis and lumbar spine for 8 sessions, 2x4 is not medically necessary.