

Case Number:	CM14-0078106		
Date Assigned:	07/18/2014	Date of Injury:	02/02/2011
Decision Date:	08/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 54 year-old patient sustained an injury on 2/2/11 while employed by [REDACTED]. Request under consideration include Physical Therapy 2x week x 4 weeks, Lumbar spine and Right shoulder. Hand-written report of 1/22/14 from the provider noted patient with difficulty sleeping; leg leg pain?. Exam showed guarded spine movements; decreased range of motion in all direction; SLR at 90 degrees on right; TTP at right sciatic and SI joint and ??; checked boxes of "no pain or tenderness in neck/back; neurologica exam checked boxes at sensory exam and gait" (no deficit recorded). Diagnoses included low back pain, right sciatica, dyspepsia, anxiety/depression; sleep disturbance. Treatment included medications refill for Norco, Fexmid, and Pantoprazole, Terocin lotion. The patient was TTD for 6 weeks with plan for sleep study. Report of 2/19/14 again noted patient with unchanged symptoms and clinical findings; to remain off work until 5/19/14. Report of 4/4/14 from the provider noted the patient with chronic ongoing symptoms in the right shoulder/arm/hand associated with hand numbness; low back pain with spasm. Exam showed decreased range in the cervical and lumbar spine with guarded movements; decreased range in the right shoulder; lumbar spine range had flex/ext of 50/10 degrees with positive straight leg raise on the right at 90 degrees; patient noted to have decreased grip in both hand. Diagnoses included neck, right shoulder, low back pain/myospasm; depression; dyspepsia. The patient remained off work. The request for Physical Therapy 2x week x 4 weeks, Lumbar spine and Right shoulder was non-certified on 4/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks, Lumbar spine and Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury of 2011. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit, remaining TTD. The Physical Therapy 2x week x 4 weeks, Lumbar spine and Right shoulder is not medically necessary and appropriate.