

Case Number:	CM14-0095434		
Date Assigned:	07/25/2014	Date of Injury:	08/01/2013
Decision Date:	10/31/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

The injured worker is a 46-year-old male who reported an injury on 08/01/2013 due to stepping on a wet surface and he slipped and fell. Diagnoses were: chronic neck strain with underlying degenerative disc disease at C5-C6; right shoulder impingement; left shoulder pain secondary to chronic neck strain; right and left elbow, wrist and hand, no current clinical evidence of abnormality; chronic low back strain; right hip pain; and complaints of depression, anxiety, and difficulty sleeping. Diagnostic studies were ultrasound of the right and left shoulder which revealed right shoulder partial thickness rotator cuff tear with subacromial and subdeltoid bursitis. Ultrasound of right and left hip was normal. Ultrasound of the right and left buttock was normal. MRI of the lumbar spine revealed a 2 mm to 3 mm disc protrusion at the L4-5 which caused some indentation and impingement of the anterior thecal sac. EMG and NCS of the upper extremities was normal. An EMG and NCS of the lower extremities revealed peripheral neuropathy secondary to a generalized systemic neuropathic process. It was reported that on examination the injured worker had similar findings compared to the last evaluation that included decreased painful motion of the cervical spine, shoulder and low back. With motion of the left shoulder, there were complaints of pain to the base of the neck. It was reported that the injured worker was neurologically intact. It was reported that the injured worker may require occasional additional sessions of physiotherapy for any acute exacerbations or aggravations that do not improve after 6 to 8 weeks of medications. The injured worker should be afforded 6 sessions of physiotherapy for each acute exacerbation or aggravation and should be taught a home exercise program. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) 3 x4 (3 times a week for 4 weeks) for the right shoulder, right elbow, low back, and right hip: Upheld

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

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

Decision rationale: The decision for PT (physical therapy) 3 x4 (3 times a week for 4 weeks) for the right shoulder, right elbow, low back, and right hip is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. The clinical information submitted for review was dated 04/2014. There was no clinical information available after that time. Updated clinical information was not provided to justify physical therapy 3 times a week for 4 weeks. Therefore, this request is not medically necessary.

Lumbar Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The decision for lumbar corset is not medically necessary. The California ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, the request is not medically necessary.