

Case Number:	CM14-0170385		
Date Assigned:	10/20/2014	Date of Injury:	05/13/2014
Decision Date:	01/22/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 23 years old male with an injury date on 05/13/2014. Based on the 09/16/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine radiculopathy, 2. Cervical spine pain, 3. R/O Cervical disc displacement (HNP), 4. R/O Right shoulder rotator cuff tear, 5. Right elbow lateral epicondylitis, 6. Status post upper indicator internal fixation, with residual pain, 7. Status post right forearm crush injury, 8. R/O Right wrist triangular fibrocartilage tear, 9. Thoracic spine sprain/strain, 10. R/O Thoracic spine HNP11. Low back pain, 12. Radiculitis, lower extremity, 13. R/O Lumbar disc displacement HNP. According to this report, the patient complains of sharp, stabbing, radicular neck and low back pain with spasm; and burning right shoulder, elbow, and wrist pain. Pain is rated as an 8/10. The patient also complains of "status post upper indicator internal fixation of the radius and ulna, performed on May 29, 2014, with residual pain." Pain is aggravated by repetitive motion of the head and neck, gripping, grasping, reaching, pulling, lifting, prolonged sitting, standing, walking or bending. Physical exam reveals positive straight leg raise, Tinel's wrist, TFCC load, Cozen's, Apley's scratch, and empty can. There were no other significant findings noted on this report. The utilization review denied the request on 10/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/28/2014 to 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (18-sessions, 3 times a week for 6 weeks for the spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Pain Outcomes and Endpoints Page(s): 98, 99, 8.

Decision rationale: According to the 09/16/2014 report by [REDACTED] this patient presents with multiple pain area including neck, mid back, low back, right shoulder, elbow, and wrist. The treater is requesting 18 sessions of physical therapy for the spine. The utilization review denial letter states "IW is well past the subacute healing phase and has already had an unknown course of similar therapy without documented sustained functional improvement." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 18 sessions exceed what is allowed by MTUS guidelines. Therefore this request is not medically necessary.