

Case Number:	CM14-0194926		
Date Assigned:	12/02/2014	Date of Injury:	01/13/2014
Decision Date:	02/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 36-year-old female who reported an injury on 01/13/2014. The mechanism of injury was reported as a trip and fall. Her diagnoses included cervical sprain/strain, cervical radiculitis, right shoulder sprain/strain, and lumbar sprain/strain. Her past treatments have included medications, 6 physical therapy sessions, and work restrictions. Diagnostic studies were not provided within the submitted documentation. Her surgical history was not provided within the submitted documentation. At a physical examination on 09/16/2014, the injured worker complained of mild to moderate cervical pain rated 5/10 described as achy, dull with radiating pain to the left triceps. The injured worker also complained of mild to moderate pain in the right shoulder rated at 5/10 described as achy, dull, and localized. The injured worker further complained of frequent mild to moderate pain in the lumbar spine rated 4/10 described as dull and localized. Upon physical examination of the cervical spine, tenderness was noted to the bilateral cervical paraspinal and bilateral upper trapezius muscles. Midline tenderness was present at C6-7. Cervical spine range of motion upon flexion was 40 degrees, extension was 50 degrees, right rotation was 60 degrees, left rotation was 60 degrees, right lateral flexion was 35 degrees, and left lateral flexion was 35 degrees. Bilateral foraminal compression and bilateral shoulder compression tests were positive. Upon physical examination of the right shoulder, range of motion was limited to 170 degrees upon flexion, 40 degrees upon extension, 170 degrees upon abduction, 40 degrees upon adduction, 70 degrees upon internal rotation, and 70 degrees upon external rotation. Upon physical examination of the lumbar spine, tenderness was noted to the lumbar paraspinal, gluteal, and sacroiliac joint on the right. Tenderness was present at L1, L2, L3, L4, and L5. Lumbar spine range of motion upon flexion was limited to 50 degrees, extension was limited to 15

degrees, right lateral flexion was limited to 15 degrees, and left lateral flexion was limited to 15 degrees. Current medications included ibuprofen as needed. The treatment plan included a recommendation for chiropractic treatment for the cervical spine, use of a topical analgesic medication, MRI of the cervical spine, physical therapy, preclusion of heavy lifting over 15 pounds, and a 6 week followup. The rationale for the request was not provided within the documentation. The Request for Authorization form dated 08/19/2014 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week, cervical/lumbar spine, right elbow/forearm, per Quantity: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Low Back, Elbow, Physical Therapy

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

Decision rationale: The request for Physical Therapy, twice a week, cervical/lumbar spine, right elbow/forearm, per Quantity: 8.00 are not medically necessary. The injured worker has frequent mild to moderate cervical, lumbar, and right shoulder pain. The California MTUS Guidelines recommend up to 10 visits of Physical Therapy for patients with myalgia and radiculitis. The clinical documentation as submitted provides evidence that 6 previous Physical Therapy sessions have been provided to the injured worker. However, the clinical documentation also provides evidence that the injured worker has current functional deficits such as decreased range of motion upon physical examination. The documentation as submitted did not indicate if the previous Physical Therapy was for the same body part(s) or location and whether there was objective functional improvement. Additionally, the requested number of visits in combination with the 6 previous Physical Therapy treatments exceeds the guidelines and there are no exceptional factors to justify additional Physical Therapy beyond the guideline recommendations. Given the lack of documentation as outlined above, there is insufficient information at this time to establish medical necessity for additional Physical Therapy. As such, the request for Physical Therapy, twice a week, cervical/lumbar spine, right elbow/forearm, per Quantity: 8.00 is not medically necessary.