

Case Number:	CM14-0195467		
Date Assigned:	12/03/2014	Date of Injury:	02/08/1997
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/21/2014

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 Illinois. 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 54-year-old female who reported an injury on 02/08/1997. The diagnosis was cervicalgia. The mechanism of injury was the injured worker was injured while bending over to move items in an aircraft closet. The surgical history included a lumbar fusion. Prior treatments included a trigger point injection, radiofrequency ablation, and swimming pool. The medications included Suboxone and Lidoderm. Other therapies included physical therapy. The documentation of 10/23/2014 revealed the injured worker had back pain and leg pain. The injured worker indicated her rotator cuff was torn and she was treating this on a nonindustrial basis. The injured worker complained of pain in the right lumbosacral junction going to the right buttock. The injured worker had pain in the neck and bilateral shoulders. The injured worker was noted to undergo an MRI of the cervical spine, right shoulder, and chest x-ray which were noncontributory to the requested intervention. The physical examination revealed the injured worker had spasms in the superior trapezius, middle trapezius, and rhomboid muscles. The injured worker had tenderness with palpation at the lateral aspect of the right scapular spine just below the incision site. There was a palpable taut band and spasming in the left middle trapezius radiating to the shoulder. There was a palpable myofascial band about 6 cm to the right of midline just below the iliac crest and another just above the iliac crest on the right with referral to the right buttock. There was a twinge. There was tenderness over the posterior aspect of the right sacroiliac joint. The injured worker had a positive Faber's bilaterally, thigh thrust bilaterally, iliac compression test bilaterally, and a Gaenslen's test that was positive on the right and a Gillette test that was positive bilaterally. Sensation was decreased to pinprick over the posterolateral aspect of the right lower leg and in the volar aspect of the left arm. Deep tendon reflexes were 2+ bilaterally and the deep tendon reflexes at the quadriceps femoris was 0 bilaterally and the Achilles 0 bilaterally. The discussion indicated the injured worker was status

post suicide attempt and was in treatment. The injured worker had internal derangement of the right shoulder and fibromyalgia along with other problems. Request was made for physical therapy now that the injured worker's pain was better controlled as the injured worker would likely benefit greater benefit from physical therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) Physical Therapy visits with evaluation: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously attended therapy. There was a lack of documentation of objective functional benefit that was received and remaining objective functional deficits. The injured worker should be well versed in a home exercise program. Additionally, the request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for 12 physical therapy visits with evaluation is not medically necessary.