

Case Number:	CM14-0199008		
Date Assigned:	01/14/2015	Date of Injury:	09/03/2014
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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, 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 38 year old male with an injury date on 09/03/2014. Based on the 09/04/2014 Doctor First report provided by the treating physician, the diagnoses are 1. Cervical spine sprain / strain with radiculopathy 2. Lumbar spine sprain / strain with radiculopathy 3. Left elbow sprain / strain R/O lateral ligament tear 4. Right elbow sprain / strain R/O medial epicondylitis-cubital tunnel syndrome. According to this report, the patient complains of "back, arm, neck and foot pain." Physical exam indicates "See Report" but the report was not included in the file for review. Objective Findings indicates "C/S loss of lordosis- no fracture. Limited motion; L/S loss of lordosis. Narrowing l5-si- no fracture; Rt. elbow- no fracture; and Lt. Ankle- no fracture." The treatment plan is to request for "Physiotherapy 2-3x6. TENS unit, Rt. Tennis Elbow brace. Lt. ankle support. Lumbar spine brace. If not better in 6 weeks we will consider an MRI: Cervical Spine, Lumbar Spine, Rt. Elbow, and Lt. Ankle." The patient's work status "Temporarily Totally disabled until next visit." There were no other significant findings noted on this report. The utilization review denied the request for Physical therapy to the lumbar spine 3x6, cervical spine 3x6, and bilateral elbow 3x6 on 11/13/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 09/04/2014 to 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Lumbar Spine, 3 times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Lumbar Section: Physical Therapy

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

Decision rationale: According to the 09/04/2014 report, this patient presents with "back, arm, neck and foot pain." The current request is for Physical therapy to the lumbar spine 3 times 6. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the available records indicates that the patient suffered from an industrial injury one day ago. A short course of therapy is appropriate for the patient's condition. However, the requested 18 sessions of physical therapy for the lumbar spine from the treating physician exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.

Physical Therapy to the Cervical Spine, 3 times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Cervical Spine Section: Physical Therapy

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

Decision rationale: According to the 09/04/2014 report, this patient presents with "back, arm, neck and foot pain." The current request is for Physical therapy to the cervical spine 3x6. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the available records indicates that the patient suffered from an industrial injury one day ago. A short course of therapy is appropriate for the patient's condition. However, the requested 18 sessions of physical therapy for the cervical spine from the treating physician exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.

Physical Therapy to the Bilateral Elbows, 3 times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Elbow Section: Physical Therapy

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

Decision rationale: According to the 09/04/2014 report, this patient presents with "back, arm, neck and foot pain." The current request is for Physical therapy to the bilateral elbow 3 times 6. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the available records indicates that the patient suffered from an industrial injury one day ago. A short course of therapy is appropriate for the patient's condition. However, the requested 18 sessions of physical therapy for the bilateral elbow from the treating physician exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.