

Case Number:	CM14-0202216		
Date Assigned:	12/12/2014	Date of Injury:	12/04/2013
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/03/2014

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 43 year old female with an injury date on 12/4/13. The patient complains of worsening left shoulder pain, neck pain, bilateral hand numbness/tingling, lower back pain, and knee pain rated 7/10 per 9/23/14 report. The patient states that the pain worsens with activities and improves with rest per 9/23/14 report. The patient also states she has cramping in her left calf per 10/28/14 report. Based on the 10/28/14 progress report provided by the treating physician, the diagnoses are: 1. cervical strain 2. left shoulder impingement syndrome and AC joint synovitis 3. lumbar strain 4. radiculitis bilateral upper 5. radiculitis left lower 6. left knee rule out internal derangement 7. right knee contusion 8. rule out carpal tunnel syndrome bilateral upper extremities 9. dizziness/headaches A physical exam on 10/28/14 showed "C-spine range of motion is restricted with extension at 30 degrees. L-spine range of motion is normal. Left shoulder range of motion is full." The patient's treatment history includes medications, electrodiagnostic studies, functional restoration program evaluation, physical therapy (number of sessions and dates unspecified), acupuncture, epidural steroid injection, TENS unit, psych evaluation. The treating physician is requesting physical therapy 3x6; cervical spine, lumbar spine, left shoulder. The utilization review determination being challenged is dated 11/7/14. The requesting physician provided treatment reports from 6/10/14 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 for cervical spine, lumbar spine, and left shoulder: Upheld

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

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

Decision rationale: This patient presents with left shoulder pain, neck pain, bilateral hand pain, lower back pain, and knee pain. The treating physician has asked for physical therapy 3x6 for the cervical spine, lumbar spine, and left shoulder on 10/28/14. The requesting progress report adds: "physical therapy with massage therapy." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has worsening left shoulder pain, and continuing chronic pain in multiple body parts. There is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treating physician does not indicate any rationale or goals for the requested 12 sessions of therapy. Physical therapy is mentioned in the patient's treatment history, but there is no mention of how the patient has responded to prior therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. Therefore, this request is not medically necessary.