

Case Number:	CM14-0204236		
Date Assigned:	12/16/2014	Date of Injury:	11/27/2012
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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 66 year old female who sustained an injury on 11/27/2012. She sustained the injury due to continuous trauma occurring over the course of working. The diagnoses include cervical strain, cervical radiculopathy, lumbar strain, lumbar radiculopathy, bilateral shoulder impingement, right shoulder rotator cuff tear, bilateral elbow tenderness, bilateral carpal tunnel syndrome, status post right carpal tunnel release, bilateral hip tendonitis, bilateral knee tendonitis, status post right knee arthroscopy and bilateral ankle sprain. Per the doctor's note dated 9/24/14, she had complaints of neck and lower back pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral knee pain, bilateral hip pain, and bilateral ankle pain. The physical examination revealed cervical spine- spasm, tenderness, decreased sensation in C6 dermatomes in right side; bilateral shoulders- tenderness and bilateral positive Hawkin's and Yergason test; bilateral medial and lateral epicondyle pain; bilateral wrists- tenderness and positive Phalen's and reverse Phalen's testing; lumbar spine- antalgic gait, spasm, tenderness, decreased sensation in right L5 dermatome; bilateral knees- medial and lateral joint line tenderness, positive Mc Murray, bilateral patellar crepitus; bilateral foot and ankle- tenderness, bilateral plantar fasciitis. The medications list includes celebrex, hydrocodone and omeprazole. She has had EMG/NCV testing dated 5/12/14 which revealed mild bilateral carpal tunnel syndrome; EMG/NCV testing dated 5/27/14 which revealed bilateral chronic S1 radiculopathy; cervical MRI dated 2/24/14 which revealed 1-2 mm disc bulge at the C5-C7 levels and MRI of the right shoulder dated 3/12/2014 which revealed an infraspinatus tendon and fluid filled tear with retraction; lumbar MRI dated 1/24/14 which revealed multilevel disc bulge. She has undergone right carpal tunnel release, right knee surgery on 3/26/13, epidural blocks and right shoulder injection. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the cervical & lumbar spine (2x4): 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 Therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She has had unspecified number of previous physical therapy sessions for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 8 sessions of physical therapy for the cervical & lumbar spine (2x4) is not established for this patient at this time.