

Case Number:	CM14-0207931		
Date Assigned:	12/22/2014	Date of Injury:	05/10/2013
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, 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 51 year old male with date of injury CT 5/10/13. The treating physician report dated 10/27/14 (100) indicates that the patient presents with pain affecting bilateral shoulders, right knee, lumbar spine and bilateral hands. The physical examination findings reveal slight pain with palpation to the thoracic spine. Hands are positive for Phalen's test bilateral and Tinel. Prior treatment history includes x-ray, physical therapy, EMG, MRI, medication and surgery. MRI findings reveal T11-12 disc protrusion impinges upon spinal cord with associated cord signal alteration, correlate for thoracic myelopathy. Left L2-3 paracentral disc protrusion abuts left L2 nerve root, correlate for corresponding radiculopathy, 4.3 mm L2-3 degenerative retrolisthesis. Multilevel disc bulge and/or small disc protrusion without neural impingement. The current diagnoses are: 1.CARPAL TUNNEL SYNDROME2.LOC PRIM OSTEOART-SHLDER3.Knee degenerative osteoarthritis4.Shoulder arthritis5.JOINT PAIN-SHLDER6.Shoulder arthralgia7.Wrist arthralgia8.JOINT PAIN-L/LEG9.Lumbar disc disorder/myelopathy10.Shoulder impingement/bursitis11.Muscle weakness12.Swelling limb13.Knee medial meniscus tearThe utilization review report dated 11/14/14 (16) denied the request for 12 physical therapy visits, bilateral hands and low back based on the request exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits - bilateral hands, low back: Upheld

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

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

Decision rationale: The patient presents with bilateral shoulders, right knee, lumbar spine and bilateral hand pain. The current request is for 12 physical therapy visits, bilateral hands and low back. The treating physician states that the patient is having some lower back pain but is able to bike and use the elliptical for exercise. The MTUS guidelines state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." The physical medicine guidelines state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." The patient has already had at least 24 visits for the lumbar spine. In this case, the treating physician has requested physical therapy visits exceeding what is recommended by MTUS guidelines. There is no documentation supporting a need for physical therapy in excess of what the guidelines recommend as there is no new injury or diagnosis provided and the patient has not recently had surgery. Therefore the request is not medically necessary.