

Case Number:	CM14-0208590		
Date Assigned:	12/22/2014	Date of Injury:	09/24/2008
Decision Date:	02/17/2015	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 43 year old female with date of injury 09/24/08. The treating physician report dated 10/09/14 indicates that the patient presents with pain affecting her neck, low back, right shoulder and right upper extremities. The patient currently takes Voltaren gel and Naproxen for severe pain flare-ups. She also uses Ambien and Lidoderm Patches. Patient takes Sumatriptan for headaches and Meclizine for vertigo. The physical examination findings reveal in the Lumbar Spine, no scoliosis, asymmetry, or abnormal curvature on inspection. ROM of lumbar spine is restricted with flexion and extension limited to degrees due to pain. On palpation, paravertebral muscles, spasm, tenderness, tight muscle band and trigger point is noted on both sides. Tenderness over the sacroiliac joint on both sides. The current diagnoses are: 1. Lumbago2. Medial epicondylitis3. Pain in joint of Upper Arm4. Carpal Tunnel Syndrome5. CervicalgiaThe utilization review report dated 11/18/14 denied the request for Physical Therapy based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical Therapy Visits for the Right Shoulder, Lumbar Spine, and Neck (2 times a week for 8 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient presents with neck, low back, and right shoulder pain. The current request is for 16 Physical Therapy Visits for the Right Shoulder, Lumbar Spine, and Neck (2 times a week for 8 weeks). The treating physician indicates that the current request will "solidify self-management of pain, taper MD visits and taper medications." The MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type conditions. In this case, the current request is for 16 PT visits which exceeds the MTUS guidelines of 8-10 sessions. Recommendation is for denial.