

Case Number:	CM14-0033234		
Date Assigned:	06/20/2014	Date of Injury:	08/15/2011
Decision Date:	04/07/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 55-year-old female who reported an injury on 08/15/2011 due to an unspecified mechanism of injury. On 04/10/2014, she presented for a follow-up evaluation. She reported pain in the neck, mid and upper back, and lower back and bilateral shoulders and arms. She rated her pain at a 7/10 in the mid and upper back, a 5/10 to 6/10 in the low back, and a 6/10 to 7/10 in the right shoulder and arm, as well as in the left shoulder and arm. A physical examination of the cervical spine showed grade 2 tenderness to palpation of the paraspinal muscles and restricted range of motion with a positive cervical compression test. The thoracic spine showed grade 2 tenderness to palpation over the paraspinal muscles that had remained the same since the visit and restricted range of motion. Examination of the lumbar spine showed grade 2 tenderness to palpation of the paraspinal muscles and palpable spasms, as well as restricted range of motion and a positive bilateral straight leg raise. The bilateral shoulders showed grade 2 tenderness to palpation and restricted range of motion. The bilateral arms showed grade 2 tenderness to palpation, as well. She was diagnosed with cervical musculoligamentous strain and sprain with radiculitis, rule out cervical spine vertebral fracture, thoracic musculoligamentous strain and sprain, lumbar musculoligamentous sprain and strain with radiculitis, rule out lumbar spine vertebral fracture, bilateral shoulder strain and strain, left adhesive capsulitis, rule out umbilical hernia, and sleep disturbance secondary to pain. The treatment plan was for 12 physical therapy visits 2 times a week for 6 weeks for the lumbar spine as an outpatient. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits two times a week times six weeks (has completed 6 sessions on (12/2/13) for lumbar spine as an outpatient (RX date: 12/30/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

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

Decision rationale: The California MTUS Guidelines indicate that 9 to 10 visits over 8 weeks is recommended for myalgia and myositis unspecified. For neuralgia and neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. The clinical documentation submitted for review does not show specific ranges of motion and decreases in strength to show that the injured worker has any significant functional deficits that would support the request for additional physical therapy sessions. Also, the number of sessions being requested in addition to the number of the sessions the injured worker has already attended exceeds guidelines. No exceptional factors were noted to support exceeding the guidelines, and therefore, the request would not be supported. As such, the request is not medically necessary.