

Case Number:	CM14-0045712		
Date Assigned:	07/02/2014	Date of Injury:	12/31/2012
Decision Date:	02/13/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Interventional Spine Pain Management 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 45-year-old female with a date of injury of 12/31/2012. According to progress report dated 02/05/2014, the patient complains of neck, low back, left shoulder/arm, bilateral knees, bilateral ankle/feet, and bilateral wrists and hand pain. Examination of the cervical spine revealed grade 2-3 tenderness to palpation over the paraspinal muscles. Range of motion is restricted and cervical compression test is positive. Examination of the lumbar spine revealed grade 2 tenderness to palpation over the paraspinal muscles and range of motion is restricted. Examination of the left shoulder revealed tenderness and restricted range of motion. Impingement and supraspinatus tests are both positive. The examination of the left arm noted tenderness. Examination of the bilateral wrists revealed tenderness and positive Tinel's and Phalen's sign. Examination of the bilateral hands, bilateral knees, bilateral ankles, and feet noted "there is grade 2-3 tenderness to palpation, which has remained the same since her last visit." The patient states that physical therapy helps to decrease her pain, tenderness and spasm. She indicates that her range of motion has improved by 10%. The listed diagnoses are: 1. cervical spine musculoligamentous sprain/strain with radiculitis, rule out disk protrusion. 2. Lumbar spine musculoligamentous sprain/strain with radiculitis, rule out disk protrusion. 3. History of abdominal pain. 4. Left shoulder sprain/strain and periscapular tendinosis, impingement syndrome, rotator cuff tear per MRI dated 11/14/2013. 5. Bilateral wrist sprain/strain and chronic overuse syndrome. 6. Left wrist carpal tunnel syndrome, per EMG/NCV dated 02/04/2013. 7. Bilateral wrist ulnar nerve entrapment, per EMG/NCV dated 02/04/2013. 8. Bilateral knee sprain/strain. 9. Bilateral ankle sprain/strain. 10. Sleep disturbance due to pain. The patient will remain on temporary total disability for 4 weeks. Treatment plan is for patient to continue with

physical therapy 2 times a week for 6 weeks. The utilization review denied the request on 03/11/2014. Treatment reports from 08/28/2013 through 05/22/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Additional Physical Therapy (PT) to the cervical spine two times per week over six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with chronic neck, low back, left shoulder/arm, bilateral knees, bilateral ankles/feet, and bilateral wrists and hand pain. The current request is for outpatient additional physical therapy (PT) to the cervical spine 2 times per week over 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes 4 physical therapy progress reports which are very limited in its discussion. The reports note that the patient continues to have moderate pain with numbness and tingling and stiffness noted. There is no discussion regarding how the patient is progressing with therapy. The utilization letter dated 03/11/2014 notes that the patient has completed 51 physical therapy sessions to date. In this case, recommendation for 12 additional sessions exceeds what is recommended by MTUS Furthermore, the treating physician has not provided any discussion as to why the patient is unable to transition into a self-directed home exercise program. There is no report of new injury or new diagnosis that can substantiate the current request for additional physical therapy. The requested PT is not medically necessary.

Outpatient Additional Physical Therapy (PT) to the left wrist two times per week over six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with chronic neck, low back, left shoulder/arm, bilateral knees, bilateral ankles/feet, and bilateral wrists and hand pain. The current request is for outpatient additional physical therapy (PT) to the left wrist 2 times per week over 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes 4 physical therapy progress reports which are very limited in its discussion. The reports note that the patient continues to have moderate pain with numbness and tingling and stiffness

noted. There is no discussion regarding how the patient is progressing with therapy. The utilization letter dated 03/11/2014 notes that the patient has completed 51 physical therapy sessions to date. In this case, recommendation for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient is unable to transition into a self-directed home exercise program. There is no report of new injury or new diagnosis that can substantiate the current request for additional physical therapy. The requested PT is not medically necessary.

Outpatient Additional Physical Therapy (PT) to the right wrist two times per week over six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with chronic neck, low back, left shoulder/arm, bilateral knees, bilateral ankles/feet, and bilateral wrists and hand pain. The current request is for outpatient additional physical therapy (PT) to the right wrist 2 times per week over 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes 4 physical therapy progress reports which are very limited in its discussion. The reports note that the patient continues to have moderate pain with numbness and tingling and stiffness noted. There is no discussion regarding how the patient is progressing with therapy. The utilization letter dated 03/11/2014 notes that the patient has completed 51 physical therapy sessions to date. In this case, recommendation for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient is unable to transition into a self-directed home exercise program. There is no report of new injury or new diagnosis that can substantiate the current request for additional physical therapy. The requested PT is not medically necessary.

Outpatient Additional Physical Therapy (PT) to the left shoulder two times per week over six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with chronic neck, low back, left shoulder/arm, bilateral knees, bilateral ankles/feet, and bilateral wrists and hand pain. The current request is for outpatient additional physical therapy (PT) to left shoulder 2 times per week over 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review

includes 4 physical therapy progress reports which are very limited in its discussion. The reports note that the patient continues to have moderate pain with numbness and tingling and stiffness noted. There is no discussion regarding how the patient is progressing with therapy. The utilization letter dated 03/11/2014 notes that the patient has completed 51 physical therapy sessions to date. In this case, recommendation for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient is unable to transition into a self-directed home exercise program. There is no report of new injury or new diagnosis that can substantiate the current request for additional physical therapy. The requested PT is not medically necessary.