

Case Number:	CM15-0001430		
Date Assigned:	01/12/2015	Date of Injury:	07/23/2014
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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 07/23/2014. The mechanism of injury involved a fall. The current diagnoses include sprain/strain of the left knee/leg, compensatory right knee pain, sprain/strain of the bilateral shoulders, lumbago, cervicalgia pain, sprain/strain of the thoracic spine, and sprain/strain of the bilateral wrists. The injured worker presented on 07/23/2014 with complaints of persistent pain over multiple areas of the body. It is noted that the injured worker has been previously treated with medication management, physical therapy, and a shoulder injection. Upon examination, there was tenderness to palpation of the bilateral cervical paraspinal muscles, normal range of motion of the cervical spine, tenderness of the bilateral deltoids, normal range of motion of the bilateral shoulders, normal range of motion of the bilateral wrists, tenderness of the thoracic paraspinal muscles, midline tenderness of the lumbar spine, lumbar paraspinal muscle spasm, normal range of motion of the thoracic and lumbar spine, tenderness of the medial and lateral joint line of the bilateral knees, normal range of motion of the bilateral knees, 5/5 motor strength of the bilateral upper and lower extremities, and 2+ deep tendon reflexes. Recommendations included an internal medicine consultation, multiple prescriptions, and physical therapy for multiple body parts. An undated Request for Authorization form was then submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x week x 4weeks- Cervical Spine: Upheld

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

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

Decision rationale: California 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. Although the injured worker reports ongoing pain over multiple areas of the body, there was no documentation of a significant musculoskeletal deficit upon physical examination. It is also noted that the injured worker has previously participated in physical therapy. It is unclear whether the previous physical therapy addressed a specific body part. Given the above, the current request is not medically appropriate in this case. As such, the request is not medically necessary at this time.

Physical therapy 2x wk x 4 weeks - left hip: Upheld

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

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

Decision rationale: California 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. Although the injured worker reports ongoing pain over multiple areas of the body, there was no documentation of a significant musculoskeletal deficit upon physical examination. It is also noted that the injured worker has previously participated in physical therapy. It is unclear whether the previous physical therapy addressed a specific body part. Given the above, the current request is not medically appropriate in this case. As such, the request is not medically necessary at this time.

Physical therapy 2x wk x 4 weeks- left knee: Upheld

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

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

Decision rationale: California 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. Although the injured worker

reports ongoing pain over multiple areas of the body, there was no documentation of a significant musculoskeletal deficit upon physical examination. It is also noted that the injured worker has previously participated in physical therapy. It is unclear whether the previous physical therapy addressed a specific body part. Given the above, the current request is not medically appropriate in this case. As such, the request is not medically necessary at this time.

Physical therapy 2x wk x 4 weeks- left shoulder: Upheld

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

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

Decision rationale: California 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. Although the injured worker reports ongoing pain over multiple areas of the body, there was no documentation of a significant musculoskeletal deficit upon physical examination. It is also noted that the injured worker has previously participated in physical therapy. It is unclear whether the previous physical therapy addressed a specific body part. Given the above, the current request is not medically appropriate in this case. As such, the request is not medically necessary at this time.

Physical therapy 2x wk x 4 weeks- lumbar spine: Upheld

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

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

Decision rationale: California 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. Although the injured worker reports ongoing pain over multiple areas of the body, there was no documentation of a significant musculoskeletal deficit upon physical examination. It is also noted that the injured worker has previously participated in physical therapy. It is unclear whether the previous physical therapy addressed a specific body part. Given the above, the current request is not medically appropriate in this case. As such, the request is not medically necessary at this time.

Enova Rx Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no strength, frequency, or quantity listed in the current request. As such, the request is not medically appropriate at this time.