

Case Number:	CM15-0003299		
Date Assigned:	01/14/2015	Date of Injury:	03/12/2014
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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 67-year-old male who reported an injury on 07/08/1991. On 11/14/2014, he presented for a followup evaluation. He reported constant pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. He rated his cervical spine pain at an 8/10. He also reported constant right shoulder pain rated at a 7/10 and constant low back pain rated at an 8/10. Physical examination of the cervical spine showed tenderness to palpation around the paravertebral muscles with spasm. He had a positive axial loading compression test and there was extension symptomology in the upper extremities with positive Spurling's maneuver. There was a positive palmar compression test subsequent to Phalen's maneuver, reproducible symptomology in the median nerve distribution with positive Tinel's consistent with carpal tunnel syndrome. Range of motion was limited with pain, there was no clinical evidence of instability, and sensation showed numbness and tingling to the anterolateral shoulder and arms. He also had 4/5 strength in the deltoid, biceps, and triceps, as well as flexors and extensors and finger extensors. Examination of the right shoulder showed tenderness around the anterior glenohumeral region and subacromial space with a positive Hawkins and impingement sign. There was discomfort over the top of the acromioclavicular joint noted and there was reproducible symptomology with internal rotation and forward flexion. There was no clinical evidence of instability and no apparent swelling. Examination of the lumbar spine showed range of motion was guarded and restricted and seated nerve root test was positive. There was tenderness and spasm palpable in the paravertebral muscles and strength was noted to be a 4/5 in

the EHL and ankle plantar flexors. He was diagnosed with cervical lumbar discopathy, cervicgia, carpal tunnel double crush syndrome, rule out internal derangement of the right shoulder and rule out internal derangement of the bilateral hips. The treatment plan was for Physical Therapy 2x6 Cervical Spine, Lumbar Spine, Right Shoulder, and a Pain Management Consultation. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Cervical Spine: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. While it is noted that the injured worker is symptomatic, there is a lack of documentation regarding the injured worker's prior therapies. Without knowing if the injured worker had previously undergone physical therapy, the request would not be supported. Also, the number of sessions being requested exceeds guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines and therefore the request would not be supported. As such, the request is not medically necessary.

Physical Therapy 2x6 Lumbar Spine: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. While it is noted that the injured worker is symptomatic, there is a lack of documentation regarding the injured worker's prior therapies. Without knowing if the injured worker had previously undergone physical therapy, the request would not be supported. Also, the number of sessions being requested exceeds guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines and therefore the request would not be supported. As such, the request is not medically necessary.

Physical Therapy 2x6 Right Shoulder: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. While it is noted that the injured worker is symptomatic, there is a lack of documentation regarding the injured worker's prior therapies. Without knowing if the injured worker had previously undergone physical therapy, the request would not be supported. Also, the number of sessions being requested exceeds guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines and therefore the request would not be supported. As such, the request is not medically necessary.

Consult with Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary last updated (11/21/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be guided by a review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine, right shoulder, cervical spine, and bilateral hips. However, there is a lack of documentation indicating the medical necessity of a consult with a pain management specialist. Also, a clear rationale was not provided for the medical necessity of the pain management consultation. Without this information, the request would not be supported. As such, the request is not medically necessary.