

Case Number:	CM15-0101142		
Date Assigned:	06/03/2015	Date of Injury:	08/22/2011
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 sustained an industrial injury on 08/22/2011. She has reported injury to the neck, bilateral upper extremities, and low back. The diagnoses have included lumbosacral radiculopathy; thoracic sprain/strain; cervical radiculopathy; shoulder tendinitis/bursitis; elbow tendinitis; wrist tendinitis; and carpal tunnel syndrome. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Gabapentin. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued chronic neck and lower back pain; the lower back pain radiates into the left lower extremity with numbness and weakness; numbness increases when she sits for prolonged periods; has difficulty with bending, stooping, squatting, and prolonged standing and walking; continues to have bilateral shoulder, elbow, and wrist and hand pain; and reports that prior physical therapy sessions allowed her to reduce her intake of oral medication and better facilitate her activities of daily living. Objective findings included spasm and tenderness in the paravertebral musculature of the cervical and lumbar spine; decreased range of motion on flexion and extension; decreased sensation is noted over the left L5 and S1 dermatomes with pain; and she is ambulating with an antalgic gait and has weakness with toe and heel walking on the left side. The treatment plan has included the request for physical therapy 2x6 to cervical spine, lumbar spine, and left and right arms, quantity: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to cervical spine, lumbar spine and left and right arms, QTY: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 113-114 and on the Non-MTUS Official Disability Guidelines (ODG).

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

Decision rationale: Physical therapy 2x6 to cervical spine, lumbar spine and left and right arms, QTY: 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and the request exceeds the recommended number of visits. Furthermore, it is unclear how many prior therapy visits the patient has had and why the patient is unable to participate in a home exercise program. The request for physical therapy 2 x 6 is not medically necessary.