

Case Number:	CM15-0109268		
Date Assigned:	06/15/2015	Date of Injury:	05/13/2010
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on May 13, 2010. She reported tripping and falling, landing on the right side of her body on top of her right wrist and arm, with a fractures right wrist. The injured worker was diagnosed as having right C7 radiculopathy with MRI evidence of a 3mm broad posterior leftward protrusion at C6-C7 and a 1-2mm bulge at C4-C5, inflammatory process of the right shoulder with rotator cuff syndrome, status post arthroscopic right shoulder rotator cuff repair, subacromial decompression, distal clavicle resection, and retrocoracoid decompression in 2013, right medial and lateral humeral epicondylitis, inflammatory process of the right wrist, status post open reduction internal fixation of the right distal radius, right wrist de Quervain's tenosynovitis, and right L5 radiculitis with MRI evidence of a 3mm broad leftward protrusion at L5-S1 with mild to moderate left neural foraminal encroachment abutting the exiting left L5 nerve, a 5mm broad left foraminal protrusion at L4-L5, and a 3-4mm posterior protrusion at L3-L4. Treatment to date has included cognitive behavioral therapy (CBT), right wrist fracture repair, physical therapy, MRIs, epidural steroid injection (ESI), chiropractic treatments, acupuncture, TENS, CT scan, and medication. Currently, the injured worker complains of neck pain that radiates to her posterior right arm and forearm with hand weakness, with low back pain that radiates down the lateral right lower extremity. The Primary Treating Physician's report dated April 16, 2015, noted the injured worker reported controlling her symptoms with a TENS unit, ice, heat, and pain creams. The injured worker's current medications were listed as Tramadol, Omeprazole, Lisinopril, Simvastatin, Aspirin, Xanax, Hydrochlorothiazide, Terazosin patches, and Cyclobenzaprine

cream. Physical examination was noted to show tenderness of the bilateral paracervical spine musculature with spasm and tenderness of the right trapezius musculature, with decreased sensation over the right lateral brachium and medial forearm. The treatment plan was noted to include requests for authorization for physical therapy for the cervical spine, Med-X rehabilitation program for the lumbar spine, and a soft cervical collar at night to maintain neck position.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical spine (unspecified frequency/duration) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed prior physical therapy visit and has been declared permanent and stationary. There is no documentation of a flare of pain and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for physical therapy sessions is not medically necessary.

Med X-rehab program, lumbar spine Qty: 16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis,

unspecified (ICD9 729.2): 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant is permanent and stationary and has completed prior physical therapy. There is no medical necessity for a specialized exercise rehabilitation program such as Med X rehab.

Soft cervical collar Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: ACOEM states that cervical collars have not been shown to have any lasting benefit, beyond comfort in the first few days after an injury. Weakness may result from prolonged use and will contribute to debilitation. In this case, the injury is quite remote and a soft cervical collar is not medically necessary.