

Case Number:	CM15-0131107		
Date Assigned:	07/17/2015	Date of Injury:	05/20/2013
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

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

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 48-year-old female who sustained a work related injury May 20, 2013. While working as a meat trimmer, she reported cumulative trauma to her bilateral upper extremities as well as the cervical and lumbar spine. According to a doctor's first report, dated May 26, 2015, the injured worker presented with complaints of neck, low back and bilateral upper extremity pain. The low back pain radiates to the left leg. There is limited range of motion of the cervical spine secondary to pain, left paracervicals worse than right. There is tenderness in the paracervicals and trapezius musculature. Foraminal vault compression is equivocal, reflexes intact, and Hoffman's negative bilaterally. The wrists have full range of motion and positive Finkelstein's test on the right. Electromyography and nerve conduction studies, performed May 6, 2015, were reviewed by physician and documented as normal. Diagnoses are chronic cervical and lumbar straining injury; overuse injury bilateral upper extremities; DeQuervain's tenosynovitis, right. Treatment plan included prescribed medication, a urine drug screen performed, and at issue, a request for authorization for 12 visits of physical therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a history of a cumulative, work injury affecting the cervical and lumbar spine and upper extremities with date of injury in May 2013. When seen, there was decreased and painful cervical spine range of motion with cervical and trapezius muscle tenderness. Finkelstein's testing was positive. There was a normal neurological examination. Prior treatments had included acupuncture, physical therapy, chiropractic care, and shockwave treatments for myofascial pain. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.