

Case Number:	CM15-0133488		
Date Assigned:	07/21/2015	Date of Injury:	01/30/2013
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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 43 year old female who sustained an industrial injury on 01/30/2013. Mechanism of injury was from repetitious prolonged work activities. Diagnoses include cervical-trapezial musculoligamentous sprain-strain, bilateral shoulder periscapular strain, rotator cuff tendinitis and right subacromial bursitis, right elbow lateral epicondylitis, right wrist flexor and extensor tendinitis and carpal tunnel syndrome, bilateral knee sprain and patellofemoral arthralgia, and bilateral ankle sprain-strain, Achilles tendinitis, and bilateral plantar fasciitis. Treatment to date has included diagnostic studies, medications, physical therapy and injections. The most recent physician progress note dated 04/14/2015 documents the injured worker complains of back and foot pain. She has tenderness over the cervical paravertebral musculature and trapezius muscle bilaterally, and myofascial trigger points. Cervical range of motion is restricted. Her shoulders are tender to palpation with myofascial trigger points. The right shoulder has subacromial crepitus with passive ranging on the right. Her right elbow is tender to palpation over the lateral epicondyle and extensor muscle groups of the proximal forearm. Her right wrist is slightly tender to palpation over the dorsal capsule and flexor tendons and muscle groups of the wrist and distal forearm. Phalen's is positive. Her knees are tender to palpation over the medial joint lines bilaterally. There is medial pain. There is slight patellofemoral crepitus with passive ranging bilaterally. There is only ankle pain with inversion and eversion stress tests. In a physician progress note dated 01/19/2015, the injured worker has back pain central and left greater than the right, radiating to both hips, left greater than right. She rates her pain as 9 out of 10 with 10 being severe and intolerable pain with a throbbing , radiating pain, tingling and numbness to the left greater than the right leg and foot

aggravated with bending, lifting, pushing and pulling and standing. Treatment requested is for physical therapy 2 times a week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 trauma work injury with date of injury in January 2014. Treatments have included physical therapy and medications. She has a history of right shoulder arthroscopic surgery in March 2012. When seen, she was having neck and low back pain and right shoulder, elbow, and wrist pain. There was decreased and painful cervical spine range of motion with positive compression testing. Her BMI was over 42. There was decreased and painful cervical spine range of motion with positive compression testing and trigger points were present. There was decreased right shoulder range of motion with positive impingement testing. There was right elbow tenderness. She had decreased lumbar spine range of motion with positive Kemp's testing. There was sciatic notch and gluteal tenderness. She had decreased hip range of motion with positive left Fabere testing. She had decreased upper and lower extremity strength with positive Hoffmann's testing. Being requested was authorization for 8 physical therapy treatment sessions. 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.