

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0134145 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 10/27/2011 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/25/2015 |
| 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: California

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 56-year-old female, who sustained an industrial injury on 10/27/2011. She has reported injury to the neck, arms and low back. The diagnoses have lumbosacral strain; sprains and strains of neck; cervical radiculopathy; thoracic outlet syndrome; acromioclavicular sprains and strains; right shoulder impingement; sciatica; and carpal tunnel syndrome. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and functional restoration program. Medications have included Naproxen Sodium, Gabapentin, Eszopiclone, Tylenol Extra Strength, and Omeprazole. A progress note from the treating physician, dated 05/26/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the back, neck, and shoulder; her pain is described as sharp, shooting, burning, tingling, and dull; she rates the pain at 9/10 on the pain scale at its worst in the past week; the pain is rated at 5/10 on the pain scale at its best; the pain occurs frequently, lasting about 2/3 of the day; associated symptoms include tingling, headaches, fatigue, and weakness; it is exacerbated by stress over the injury; it is not relieved by anything; she has continued pain at the right hip causing an increase in aggravation to the left; and past physical therapy is noted to have improved range of motion. Objective findings included she is in no apparent distress; trigger points are palpated in the levator scapulae rhomboid region on the right and upper trapezius bilaterally; right shoulder range of motion is decreased; sensation is intact to light touch in dermatomes L3-S1 bilaterally; paresthesias to light touch noted in the right arm; Adson's test is positive to the bilateral shoulders; sacroiliac

joint compression test is positive; and she ambulates with a limp. The treatment plan has included the request for physical therapy, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for six weeks: Upheld

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

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

Decision rationale: This patient presents with complaints of pain in the back, neck, and shoulder. The current request is for Physical Therapy, twice a week for six weeks. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and functional restoration program. The patient is TTD. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Objective findings from 05/26/15 noted trigger points are palpated in the levator scapulae rhomboid region on the right and upper trapezius bilaterally; right shoulder range of motion is decreased; paresthesias to light touch noted in the right arm; Adson's test is positive to the bilateral shoulders; and sacroiliac joint compression test is positive. The treater states that previous PT improved range of motion. Recommendation was for "follow up sessions" x12. There are no physical therapy reports provided for review. Progress report 03/11/15 noted "patient to continue with stretching exercises which were taught through physical therapy which are to focus". In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request, which exceeds guideline recommendation. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to continue the home exercise program. The requested physical therapy is not medically necessary.