

Case Number:	CM15-0139093		
Date Assigned:	07/29/2015	Date of Injury:	01/14/2003
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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, Hawaii

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 51 year old male, who sustained an industrial injury on January 14, 2003. Treatment to date has included bilateral carpal tunnel release, epidural injections, right shoulder subacromial decompression, opioid medications and home exercise program. Currently, the injured worker complains of ongoing pain in the neck, low back, bilateral upper extremities and shoulders. He complains of aching pain in the neck and rates his neck pain a 5-8 on a 10-point scale. He complains of aching pain in the low back and rates his low back pain a 5 on a 10-point scale. He reports that Norco and physical therapy relieves his pain. On physical examination, the injured worker has tenderness to palpation over the posterior occipital muscles and the trapezius. He has reduced range of motion of the cervical spine and positive compression test. He has a positive right side Spurling's maneuver into the upper trapezius and suprascapular area. His sensation is mildly decreased in the C6 dermatome area. He has mild tenderness to palpation and mild crepitus over the right shoulder. The diagnoses associated with the request include cervical discopathy, bilateral wrist pain, status post bilateral carpal tunnel release, lumbar sprain-strain, right shoulder impingement syndrome and acromioclavicular joint arthrosis, ulnar neuropathy, left shoulder impingement and status post right shoulder subacromial decompression. The treatment plan includes MRI of the cervical spine, continued medication regimen and physical therapy to 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 lumbar x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back and lumbar and thoracic (acute and chronic), physical therapy.

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

Decision rationale: The patient presents pain affecting the low back, neck, bilateral shoulders and bilateral upper extremities. The current request is for Physical therapy lumbar x 8. The treating physician report dated 5/19/15 (16B) notes a request for 8 sessions of physical therapy but provides no rationale. A report dated 10/16/14 (99B) states, "He is attending physical therapy which he states is helping." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. The patient's status is not post-surgical. In this case, the patient has received an unknown number of visits of physical therapy to date; therefore, it is unclear if the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.