

Case Number:	CM15-0149325		
Date Assigned:	08/12/2015	Date of Injury:	06/05/2014
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: Arizona, California
 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 33 year old female who sustained an industrial injury on 6-5-14. The mechanism of injury is a fall after tripping over a box. Diagnoses are left shoulder-arm calcific tendonitis, cervical spine spondylosis, herniated nucleus pulposus, radiculopathy-possible, lumbar spine spondylosis-radiculopathy, and major depressive episode-moderate. In a progress report dated 6-17-15, the primary treating physician notes complaints of pain in the neck, shoulder and back. She notes Voltaren helps with the pain. Noted are change in weight, difficulty sleeping, muscle pain, and depression. She notes some numbness in her back. There is decreased sensation at left C5, C6, C7 and C8 dermatomes. Muscle spasms are present at the left and right trapezius muscle. Range of motion is limited due to pain. Tenderness is present at the L-S junction and lumbar muscle spasm is present. There is tenderness at the left greater trochanter and lateral aspect of the left knee. Straight leg raise is positive for low back pain. Tenderness is present at the left rotator cuff. Neer, Hawkin's, Speed and Yergason's sign are positive on the left. A decreased grip in noted particularly in the left hand. Work status is total temporary disability for 45 days. She has a history of an enlarged heart. Previous treatment noted includes xrays, 6 sessions of chiropractic treatment-provided no relief, MRI cervical spine; lower back; mid back, 6 sessions of physical therapy, 12 sessions of acupuncture- helped reduce the pain, Tramadol, Gabapentin, Flexeril, psychiatric treatment, Bupropion XL, and Voltaren. The requested treatment is 6 sessions 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:

6 sessions of physical therapy for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. The physician had requested at least 12 prior sessions of physical therapy but the progress notes were not found. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.