

Case Number:	CM15-0163182		
Date Assigned:	08/31/2015	Date of Injury:	05/13/2011
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/19/2015

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 54 year old female, who sustained an industrial injury on 5-13-2011. Diagnoses have included shoulder impingement, wrist tendinitis-bursitis, elbow tendinitis-bursitis and knee tendinitis-bursitis. Treatment to date has included medication. According to the progress report 7-14-2015, the injured worker complained of continued back pain radiating into the lower extremities with pain, paresthesia and numbness. She also complained of neck pain radiating into the upper extremities. Physical exam showed spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. There was decreased sensation bilaterally in the C5, L5 and S1 dermatomes with pain. Authorization was requested for physio-therapy 3x week x 4 weeks to the lumbar spine and lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-therapy 3x week x 4 weeks to the lumbar spine & lower extremity: Upheld

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

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

Decision rationale: The patient presents with pain in the low back that radiated into the bilateral lower extremities, with paresthesia and numbness. The request is for Physiotherapy 3 x week x 4 weeks to the lumbar spine & lower extremity. Physical examination to the lumbar spine on 07/14/15 revealed tenderness to palpation to the paravertebral muscles with spasm and guarding. Range of motion was noted to be decreased. There was decreased sensation in the L5 and S1 dermatomes. Per 03/03/15 progress report, patient's diagnosis includes shoulder impingement, wrist tend/burs, elbow tend/burs, and knee tend/burs. Patient's work status is modified duties. The MTUS Chronic Pain Management Guidelines, pages 98 and 99, Physical Medicine section, has the following: "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." In progress report dated 07/14/15, treater is requesting 12 sessions of physiotherapy for the lumbar spine for strengthening and improving range of motion. The utilization review letter dated 07/27/15 modified the request to 2 sessions of physical therapy. Given the patient's continued pain in the low back, a short course of therapy would be indicated. However, the guidelines allow up to 10 sessions of physical therapy and the requested 12 sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.