

Case Number:	CM15-0163813		
Date Assigned:	09/01/2015	Date of Injury:	09/02/2014
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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:

This 61 year old female sustained an industrial injury to the neck, shoulder, back and wrists via repetitive trauma from 8-24-13 to 9-2-14. Electromyography and nerve conduction velocity test of bilateral upper and lower extremities showed modified bilateral carpal tunnel syndrome. Magnetic resonance imaging cervical spine (3-30-15) showed facet arthropathy with foraminal stenosis at left C2-3 and bilateral foraminal stenosis at C5-6. Magnetic resonance imaging left shoulder (3-30-15) showed supraspinatus tendinopathy associated with partial thickness tear and mild biceps and subscapularis tendinosis. Previous treatment included physical therapy, bracing and medications. Documentation did not disclose the number of previous physical therapy sessions. In a PR-2 dated 7-9-15, the injured worker had completed a trial of physical therapy. The physician noted that prior to the physical therapy trial, the injured worker had significant restricted range of motion of the wrists and shoulder. After the trial, the injured worker had more mobility. The injured worker could raise her arms and wash her hair with less pain. The injured worker had less low back pain with increased range of motion. Physical exam was remarkable for bilateral shoulders with decreased range of motion and positive impingement sign, bilateral wrists without tenderness to palpation, normal range of motion and positive Tinel's sign, lumbar spine with tenderness to palpation of the paraspinal musculature with spasms, decreased range of motion and positive bilateral range of motion. Current diagnoses included lumbar spine sprain and strain, shoulder impingement and carpal tunnel syndrome. The treatment plan included continuing medications (Lidoderm patch, Naproxen Sodium, Omeprazole and Norco), a course of physical therapy three times a week for four weeks and bilateral wrist supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral upper extremities and low back 3 times a week for 4 weeks:
Upheld

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

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

Decision rationale: The patient was injured on 09/02/14 and presents with low back pain. The request is for physical therapy for bilateral upper extremities and low back 3 times a week for 4 weeks. The RFA is dated 07/09/15 and the patient should return back to regular work. The 07/09/15 report states that the patient has had prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has a decreased range of motion and positive impingement sign of the bilateral shoulders, tenderness to palpation of the paraspinal musculature of lumbar spine with spasms, and a decreased lumbar spine range of motion. She is diagnosed with lumbar spine sprain and strain, shoulder impingement, and carpal tunnel syndrome. The 07/09/15 report states that "after physical therapy, she has more mobility. Her lower back pain has improved as well as the range of motion. After physical therapy, she is not able to raise her arms and wash her hair with less pain in the shower." In this case, the patient has had prior physical therapy with improvement. There is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain, nor is there any indication of any recent surgery the patient may have had. The requested 12 sessions of therapy exceeds what is allowed by MTUS Guidelines. Therefore, the request IS NOT medically necessary.