

Case Number:	CM15-0168360		
Date Assigned:	09/09/2015	Date of Injury:	10/27/2014
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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 October 27, 2014. The injury occurred when the injured worker was struck from behind with pallets. The injured worker sustained injuries to the neck, shoulder and back. The diagnoses have included cervical sprain-strain with radiculopathy, thoracic spine sprain-strain, lumbar spine sprain-strain with radiculopathy, right shoulder sprain-strain and right shoulder impingement. The injured worker is not working. Current documentation dated July 13, 2015 notes that the injured worker reported constant moderate burning neck pain, which radiated to the bilateral upper extremities and thoracic spine pain rated 7 out of 10. The injured worker also noted intermittent moderate low back pain which radiated to the bilateral lower extremities with associated weakness, numbness and tingling and right shoulder pain rated 5 out of 10 on the visual analogue scale. Examination of the cervical and thoracic spine revealed tenderness to palpation, muscle spasms and a decreased and painful range of motion. A cervical compression test was positive and a shoulder depression test was positive bilaterally. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and sacroiliac joints and muscle spasms of the paravertebral muscles. Range of motion was decreased and painful. A straight leg raise test was positive bilaterally. Right shoulder examination revealed tenderness to palpation with muscle spasms of the anterior shoulder and a decreased and painful range of motion. A Neer's test was positive. Treatment and evaluation to date has included medications, radiological studies (1-12-2015), MRI of the right shoulder, cervical spine, lumbar spine and thoracic spine (3-10-2015), acupuncture treatments, chiropractic treatments and physical therapy (unspecified amount

of physical therapy visits). Prior physical therapy documentation was not provided in the medical records. A current medication list was not provided in the medical records. The treating physician's request for authorization dated July 13, 2015 included a request for physical therapy # 6 (one times six) to the cervical, thoracic and lumbar spine and right shoulder to increase activities and decrease pain. The original utilization review dated July 22, 2015 denied the request for physical therapy # 6 to the cervical, thoracic and lumbar spine and right shoulder due to lack of evidence of past physical therapy resulting in functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment 6 sessions to the cervical/thoracic/lumbar and right shoulder 1 X 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 7/13/15 progress report provided by the treating physician, this patient presents with constant cervical spine pain radiating to the bilateral upper extremities with numbness/tingling/cramping rated 7/10, constant thoracic spine pain rated 7/10, intermittent sharp low back pain radiating to the bilateral lower extremities with numbness/tingling/weakness rated 5/10, and intermittent moderate right shoulder pain rated 5/10. The treater has asked for PHYSICAL THERAPY TREATMENT 6 SESSIONS TO THE CERVICAL/THORACIC/LUMBAR AND RIGHT SHOULDER 1 X 6 on 7/13/15 "to increase range of motion, activities of daily living, and decrease pain." The patient's diagnoses per request for authorization dated 7/16/15 are cervical myospasm, cervical pain, cervical radiculopathy, cervical s/s, thoracic myospasm, thoracic s/s, lumbar myospasm, lumbar pain, lumbar s/s, right shoulder impingement syndrome, right shoulder pain, right shoulder s/s. The patient does not have a surgical history relating to the back, neck or shoulder per review of reports. The patient's current medications include Tylenol with Codeine, Tramadol, Alevel, and Lidocaine patch for back pain per 6/12/15 report. The patient has an antalgic gait and puts pressure on the contralateral side without the use of any assistive device per 6/12/15 report. The patient states that acupuncture has provided relief in the past per 2/23/15 report. The patient's work status is "remain off work until 8/27/15" per 7/13/15 report. MTUS, Physical Medicine section, pg. 98, 99: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Physical Medicine Guidelines - low for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks;

Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Review of the reports do not show any evidence of physical therapy being done in the past. Per utilization review letter dated 7/16/15, "there is no evidence of past physical therapy resulting in functional improvement. The claimant remains out of work." However, MTUS allows up to 10 visits for non-operative cases. There is no evidence of recent physical therapy, and the treater's request for 6 sessions appears reasonable for patient's ongoing chronic pain. Hence, the request IS medically necessary.