MAXIMUS Federal Services

Case Number:	CM15-0182422		
Date Assigned:	09/23/2015	Date of Injury:	10/22/2012
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female sustained an industrial injury on 10-22-12. Documentation indicated that the injured worker was receiving treatment for cervical, thoracic and lumbar sprain and strain and bilateral upper extremity pain. Previous treatment included right shoulder surgery, bilateral carpal tunnel release, chiropractic therapy, transcutaneous electrical nerve stimulator unit and medications. In an orthopedic consultation dated 6-26-15, the physician noted that the injured worker had not undergone substantial care. The injured worker complained of pain to the cervical spine, right elbow, lumbar spine and thoracic spine. The injured worker was able to perform normal job duties. Physical exam was remarkable for cervical spine with range of motion: flexion 40 degrees, extension 40 degrees, right rotation 50 degrees, left rotation 40 degrees, right lateral flexion 20 degrees and left lateral flex 30 degrees and tenderness to palpation to the paraspinal musculature and trapezius, and lumbar spine with tenderness to palpation, positive bilateral straight leg raise and range of motion: flexion 60 degrees, extension 20 degrees, right lateral bend 20 degrees and left lateral bend 10 degrees. The treatment plan included starting physical therapy. In a physical therapy progress noted dated 8-12-15, the injured worker reported 25% improvement following 8 sessions of physical therapy with greater awareness of her posture and improved endurance and strength. The injured worker complained of ongoing radicular pain from the cervical spine down to the hands and intermittent cervical spine and thoracic spine pain. The physical therapist noted that the injured worker showed improvement in active range of motion and strength except for grip strength. The injured worker continued to demonstrate postural impairment, decreased cervical and lumbar spine range of

motion and impaired balance. The physical therapy documented that cervical range of motion showed: extension and flexion 45 degrees, bilateral lateral flexion 30-32 degrees, bilateral rotation 60 degrees and lumbar range of motion showed: flexion 80 degrees, extension 26 degrees, bilateral lateral flexion 20-22 degrees, right rotation 45 degrees and left rotation 50 degrees. On 8-31-15, a request for authorization was submitted for physical therapy twice a week for four weeks for the cervical spine and lumbar spine. 8-31-15, Utilization Review noncertified a request for outpatient physical therapy twice a week for four weeks for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 2 times a week for 4 weeks for the cervical and lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for pain throughout the spine and right elbow pain with radiating symptoms to the fingers with psychological sequela occurring while working as a clerk and attributed to repetitive motion. In June 2015, she was working at regular duty. Physical therapy was requested. When seen, she had not improved significantly. Pain was rated at 7/10. Physical examination findings included a body mass index of nearly 34. There was bilateral lateral epicondyle tenderness with a normal neurological examination. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, there appears to have been no improvement after an initial trial of physical therapy and continuing treatments that are not helping is not medically necessary.