

Case Number:	CM15-0185687		
Date Assigned:	09/25/2015	Date of Injury:	10/29/2014
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 38 year old female, who sustained an industrial injury on 10-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical spine sprain-strain, cervical spine 2mm broad based disc bulge at C5-C6 with effacement of the ventral CSF space and syringohydromyelia from C6 to T1 per MRI of 4-2-2015, left shoulder impingement, right shoulder impingement, left elbow cubital tunnel syndrome with lateral epicondylitis, right elbow lateral epicondylitis, right elbow status post anterior ulnar nerve transposition 4-20-2009 with recurrent cubital tunnel syndrome, left wrist carpal tunnel syndrome, left wrist sprain-strain, right wrist carpal tunnel syndrome, right wrist sprain-strain, thoracic spine sprain-strain, lumbar facet hypertrophy at L4-L5 and L5-S1 with ligamentum flavum hypertrophy at L4-L5, lumbar spine degenerative disc disease grade 1 spondylolisthesis at L4-L5 and lumbar spine with 2mm left lateral focal disc protrusion at L5-S1 with associated annular tear. On 8-26-2015, the injured worker reported neck pain, constant shoulder pain, ongoing elbow pain, constant pain to the wrists, and constant upper and lower back pain. The Primary Treating Physician's report dated 8-26-2015, noted the injured worker's current medication as Lamictal. The physical examination was noted to show the cervical spine demonstrated tenderness to palpation over the bilateral upper trapezius, the right shoulder with tenderness to palpation over the right trapezius region, and the left shoulder with tenderness to palpation over the left trapezius. Tenderness to palpation was noted over the bilateral lateral epicondyles. The physical therapy notes from 6-30-2015 to 8-6-2015 were noted to be reviewed. The injured worker was noted to have completed twelve sessions of physical therapy as of 8-13-

2015 with beneficial results noted. The treatment plan was noted to include a request for physical therapy to continue functional improvement, increase range of motion (ROM), flexibility, and endurance as well as decrease pain and inflammation and help with activities of daily living (ADLs). The physical therapy evaluation dated 6-30-2015, noted the injured worker had previously received 12 sessions of physical therapy with some benefit, with a new referral for 12 sessions of physical therapy. The injured worker's pain level was noted to be 8 out of 10, rated 4 out of 10 at its best and 9 out of 10 at its worst. The physical therapy note dated 8-6-2015, noted the injured worker reported having more pain but normally had increased pain at the end of the week, unable to do scalene stretches due to pain. The request for authorization dated 8-27-2015, requested physical therapy, twice a week, for six weeks for the cervical spine, bilateral shoulders and bilateral wrists. The Utilization Review (UR) dated 9-3-2015, non-certified the request for physical therapy, twice a week, for six weeks for the cervical spine, bilateral shoulders and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week, for six weeks for the cervical spine, bilateral shoulders and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter page 114.

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

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. In this case, the claimant had undergone 12 sessions of therapy. There was no recent surgery. There was no indication that additional therapy cannot be completed at home. The claimant was given home exercise plan. Prior therapy only provided "some benefit." The request for additional physical therapy is not medically necessary.