

Case Number:	CM15-0188708		
Date Assigned:	09/30/2015	Date of Injury:	07/10/2013
Decision Date:	11/13/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/25/2015

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 51 year old female, who sustained an industrial injury on 7-10-2013, resulting in pain or injury to the left leg with a fractured femur. A review of the medical records indicates that the injured worker is undergoing treatment for a 4mm disc herniation at L3-L4, nonunion of left femur fracture, right shoulder rotator cuff syndrome secondary to prolonged crutch usage, right shoulder small full thickness tear along the distal supraspinatus tendon without tendon retraction or muscle atrophy, right knee strain secondary to over compensation, and multilevel disc protrusions of the cervical spine. On 8-12-2015, the injured worker reported persistent neck pain rated 4 out of 10, slightly improved as just completed physical therapy with traction, right shoulder pain unchanged at 8 out of 10, pain in the left elbow and bilateral wrist at 5 out of 10, left thigh at 7 out of 10, and constant left hip pain at 8 out of 10 and unchanged. The Primary Treating Physician's report dated 8-12-2015, noted the injured worker did not take any oral medication due to concern about dependency or any adverse reactions secondary to the medication use. The injured worker was noted to have completed 12 sessions of physical therapy with traction that gave her slight improvement, sleeping better at night, and allowed her to continue working. The physical examination was noted to show the cervical spine with decreased range of motion (ROM), tenderness equally to the midline and paraspinals, positive cervical compression, and decreased sensation bilaterally at C5, C6, and C7. The right shoulder examination was noted to show decreased range of motion (ROM), tenderness in the acromioclavicular joint, positive Hawkin's sign, and decreased strength with flexion and extension. The left leg was noted to have tenderness to palpation with decreased quadriceps

strength, and slight atrophy on the left. The left knee was noted to have decreased range of motion (ROM) with tenderness over the medial joint line as well as over the medial aspect of the distal thigh that was severe, with decreased quadriceps strength with flexion and extension. The left ankle was noted to have decreased range of motion (ROM) in all planes with tenderness to the medial and lateral malleoli. Prior treatments have included at least 8 sessions of physical therapy in 2013, 6 sessions of physical therapy in 2014, 16 sessions as of 4-27-2015, and 12 sessions from 6-24-2015 to 8-11-2015, and left femoral shaft repair in 2013 with repair of nonunion in 2014. The treatment plan was noted to include a request for additional physical therapy to the cervical spine as she did have functional improvement, and also for the left leg as there was still weakness and required therapy for strengthening as she had only 24 aquatic therapies postoperatively to the left femur approximately 9 months prior. The injured worker was noted to be able to continue to work with restrictions. The physical therapy cervical re-evaluation note dated 7-31-2015, noted the injured worker's current percent of impairment at 64, with previous percent of impairment at 74. A physical therapy note dated 4-27-2015, noted to be visit #16, noted the injured worker receiving aqua therapy, able to tolerate exercises without increased symptoms or fatigue. The request for authorization dated 8-27-2015, requested 12 physical therapy visits with traction to the cervical spine and left leg, 2 visits per week for 6 weeks. The Utilization Review (UR) dated 9-5-2015, non-certified the request for 12 physical therapy visits with traction to the cervical spine and left leg, 2 visits per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits with traction to the cervical spine and left leg, 2 visits per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient presents with neck, right shoulder, bilateral wrist, left thigh, and left hip pain. The request is for 12 physical therapy visits with traction to the cervical spine and left leg, 2 visits per week for 6 weeks. The request for authorization is dated 08/27/15. The patient is status post repair left femoral nonunion with exchange placement of intramedullary nail, 11/25/14. Physical examination of the cervical spine revealed decreased range of motion. There is tenderness to the midline and paraspinals equally. There was positive cervical compression. There was decreased strength at 4+/5 bilaterally at C5, C6, C7, and C8. There was decreased sensation at 4/5 bilaterally at C5, C6, C7 and C8. Deep tendon reflexes were 2+ bilaterally at the brachioradialis and triceps. She just completed 12 sessions of physical therapy with traction that did give her slight improvement and she is sleeping better at night and it is allowing her to continue working. Per work status report dated 08/12/15, the patient is on restricted duty. MTUS, Physical Medicine Section, pages 98, 99 states: "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." Per progress report dated 08/12/15, treater's reason for the request is "she just completed 12 with increase function and decrease pain, allowing her to continue working, and as I stated being waken up fewer times at night." In this case, the patient continues with neck pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the request for 12 additional sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.