

Case Number:	CM15-0198403		
Date Assigned:	10/13/2015	Date of Injury:	07/08/2015
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii

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 34 year old female, who sustained an industrial injury on 7-8-2015. The injured worker was being treated for whiplash injury of the neck, thoracic sprain and strain, cervical sprain and strain, shoulder impingement, and knee sprain and strain. Medical records (8-26-2015) indicate the injured worker ongoing neck pain radiating to the upper back and frequent headaches. Associated symptoms include stabbing sensation, numbness and tingling in the neck and stiffness. The pain is aggravated by tilting her head up and down or moving from side to side and prolonged sitting and standing. She also reported ongoing low back pain. Pain aggravating factors include stress, sleep, exercises, coughing, sneezing, standing, and walking. Her pain was rated 7-8 out of 10. The physical exam (8-20-2015) revealed tenderness and spasm in the cervical paraspinal muscles, decreased sensation in the right C7 (cervical 7) dermatome distribution. There was tenderness to pressure over the bilateral shoulder biceps tendons, restricted bilateral shoulder range of motion, and positive bilateral impingement signs. There was tenderness and spasm in the lumbar-thoracic paraspinal muscles and restricted range of motion. There was tenderness to pressure over the left knee medial joint with range of motion within functional limits. On 7-8-2015, x-rays of the cervical spine revealed minimal neural foraminal narrowing at the bilateral C4-5 (cervical 4-5). On 7-8-2015, x-rays of the left knee were unremarkable. On 9-1-2015, electrodiagnostic studies of the bilateral lower extremities revealed no findings consistent with entrapment neuropathy or acute lumbar radiculopathy. On 9-9-2015, electrodiagnostic studies of the bilateral upper extremities revealed findings consistent with bilateral carpal tunnel syndrome. Treatment has included topical pain, muscle relaxant, and non-steroidal anti-inflammatory medications. Per the treating physician (8-26-2015 report),

the injured worker is not currently working. On 8-26-2015, the requested treatments included physical therapy 3 times per week for 4 weeks for the neck, low back, left knee and hands. On 9-9-2015, the original utilization review non-certified a request for physical therapy 3 times per week for 4 weeks for the neck, low back, left knee and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 4 weeks for neck, low back, left knee and hands:

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, and Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back - Physical Therapy (PT), Official Disability Guidelines (ODG) Low Back Complaints, Official Disability Guidelines (ODG) Knee and Leg, Official Disability Guidelines (ODG) Forearm, Wrist & Hand.

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

Decision rationale: The records indicate the patient has ongoing neck pain, which radiates into the upper back, low back pain, left knee pain and bilateral hand pain. The current request is for physical therapy 3x per week for 4 weeks, for the neck, low back, left knee and hands. The attending physician report dated 8/20/15 offers no rationale for the additional physical therapy request. The CA MTUS guidelines does recommend physical therapy as an option for chronic pain, at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS does recommend for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case the records indicate the patient has completed a short course of physical therapy. The records do not discuss objective functional improvement from previous physical therapy. The CA MTUS does allow for 9-10 visits over 8 weeks. The current request is not medically necessary as the request of 12 sessions exceeds the MTUS guidelines. The request is not medically necessary.