

Case Number:	CM15-0201126		
Date Assigned:	10/16/2015	Date of Injury:	10/27/2014
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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-work injury on 10-27-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain, cervical myospasm, cervical pain, cervical radiculopathy, thoracic disc protrusion and myospasm, thoracic strain and sprain, lumbar degenerative disc disease (DDD), lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain and strain and right shoulder tenosynovitis. Treatment to date has included pain medication, acupuncture at least 4 sessions, chiropractic, physical therapy (unknown amount), diagnostics, bracing, activity modifications and other modalities. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3-10-15 reveals disc protrusion, with resultant encroachment on the exiting nerve roots, moderate discogenic spondylosis, facet arthrosis, schmorls node superior and endplate. The Magnetic resonance imaging (MRI) of the right shoulder dated 3-11-15 reveals tendinosis and arthrosis. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 3-10-15 reveals disc protrusion that effaces the thecal sac, facet arthrosis, and small hemangioma. Medical records dated 9-14-15 indicate that the injured worker complains of throbbing neck pain, heaviness, numbness and tingling, weakness and cramping. She has severe upper mid back pain with muscle spasms, stiffness, heaviness, numbness and tingling, weakness and cramping. She has lumbar pain that is stabbing in the low back with muscle spasms, stiffness, heaviness, numbness and tingling, weakness and cramping. She also has stabbing constant throbbing right shoulder pain with weakness and cramping. She reports relief with medications, physical therapy and acupuncture.

The medical records support that the activities of daily living (ADL) have been unchanged. Per the treating physician report dated 9-14-15 the injured worker has not returned to work. The physical exam reveals cervical range of motion is decreased and painful; there is tenderness to palpation with muscle spasm, positive cervical compression and positive shoulder depression bilaterally. There is thoracic tenderness noted, muscle spasm and Kemp's causes pain. The lumbar exam reveals gait slow and guarded, decreased and painful range of motion, tenderness, muscle spasm, positive Kemp's and positive straight leg raise bilaterally. The right shoulder exam reveals ranges of motion are decreased and painful, tenderness to palpation, muscle spasm and supraspinatus press is positive. The physician indicates that he recommends physical therapy to increase range of motion, increase activities of daily living (ADL) and decrease pain. The request for authorization date was 9-14-15 and requested service included Physical therapy 8 sessions, 2 times a week for 4 weeks for the cervical spine, thoracic spine, lumbar spine, & right shoulder. The original Utilization review dated 9-23-15 non-certified the request for Physical therapy 8 sessions, 2 times a week for 4 weeks for the cervical spine, thoracic spine, lumbar spine, & right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions, 2 times a week for 4 weeks for the cervical spine, thoracic spine, lumbar spine, & right shoulder: Upheld

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

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

Decision rationale: Physical therapy 8 sessions, 2 times a week for 4 weeks for the cervical spine, thoracic spine, lumbar spine, & right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT but it is unclear exactly how many sessions for each body part and why the patient is not versed in a home exercise program as well as the efficacy of prior therapy. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.