

Case Number:	CM15-0203069		
Date Assigned:	10/19/2015	Date of Injury:	07/19/2002
Decision Date:	12/04/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/15/2015

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 69 year old male who sustained an industrial injury on 07-19-2002. Treatment to date has included physical therapy, chiropractic care and medications. According to a handwritten partially legible progress report dated 08-25-2015, the injured worker reported constant neck pain and low back pain. Right and left shoulder pain was also noted. Range of motion was painful in the lumbar spine. Light sensation in the left anterior thigh was intact. Diagnoses included cervical spine disc bulge, lumbar spine disc rupture, right shoulder strain, left shoulder strain, right thigh strain, left thigh strain, right leg strain and left leg strain. The treatment plan included cervical and lumbar epidural injection, physical therapy for the cervical spine, lumbar spine and right and left shoulders. Follow up was indicated in 5 weeks. On 09-10-2015, Utilization Review non-certified the request for 12 sessions of physical therapy for the cervical spine and bilateral shoulders and 1 sleep study and authorized the request for C5-C6 cervical epidural steroid injection, orthopedic consultation for the cervical and lumbar spine and chronic pain consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the Cervical Spine and Bilateral Shoulders: 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: Records indicate the patient has chronic neck, low back and bilateral shoulder pain. The current request for consideration is 12 sessions of physical therapy for the cervical spine and bilateral shoulders. The CA MTUS was referenced. The CA MTUS does recommend physical therapy for injuries to the spine and shoulder as an option. The guidelines recommend physical therapy at a decreasing frequency with a transition into independent home-based exercise. The guidelines further recommend for myalgia and myositis, unspecified: 9-10 visits over 8 weeks. In this case the records indicate the patient has completed a previous physical therapy trial without success. The records further indicate the patient is actively involved in a home-based exercise program. Furthermore, the MTUS guidelines recommend 9-10 visits and the current request exceeds guideline recommendations without any rationale for the request. As such, the request is not consistent with MTUS guidelines and is not medically necessary.

1 Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic pain, Polysomnography.

Decision rationale: Records indicate the patient has chronic neck, low back and bilateral shoulder pain. The current request for consideration is 1 sleep study. The CA MTUS does not address sleep studies and therefore the Official Disability Guidelines (ODG) were consulted. ODG states that polysomnography may be recommended if the patient meets the criteria of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder is suspected, and insomnia of at least six months duration. In this case, the available documentation does not provide evidence consistent with the aforementioned criteria. Based upon the available medical records, the patient is not a candidate for a sleep study and the request is not medically necessary.