

Case Number:	CM15-0207654		
Date Assigned:	10/26/2015	Date of Injury:	12/17/2002
Decision Date:	12/07/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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:

This 52 year old male sustained an industrial injury on 12-17-02. Documentation indicated that the injured worker was receiving treatment for lumbar disc protrusion, right shoulder impingement, right lateral epicondylitis and right wrist tendonitis. Additional diagnoses included uncontrolled diabetes mellitus, stress and anxiety. Previous treatment included lumbar laminectomy (undated), right cubital tunnel release (2004), right distal radial and ulnar fusion (undated), right carpal tunnel release (2008), left carpal tunnel release (2013), physical therapy, chiropractic therapy, epidural steroid injections and medications. In a PR-2 dated 7-8-15, the injured worker complained of pain to the low back, right shoulder, bilateral wrists and right elbow, rated 3 to 4 out of 10 on the visual analog scale. The injured worker stated that the pain was made better with physical therapy and rest. The injured worker was currently doing physical therapy and chiropractic therapy and had completed 4 out of 12 sessions of physical therapy. The physician stated that physical therapy increased his strength and decreased his pain. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature, positive bilateral Kemp's sign, tenderness to palpation to the sacroiliac joint on the right, positive bilateral straight leg raise, "decreased" range of motion, 4 out of 10 of strength at the right L4, L5 and S1 distribution and left L5 and S1 distribution, normal sensation and 1+ deep tendon reflexes, right shoulder with "decreased" range of motion, tenderness to palpation, positive Hawkin's sign and 4+ out of 5 strength, right elbow with "decreased" range of motion, 4+ out of 5 strength and tenderness to palpation and right wrist with slightly decreased range of motion and tenderness to palpation over the ulnar aspect. The treatment plan included

continuing Celebrex, a requesting authorization for additional physical therapy "due to the fact that the right shoulder, elbow and wrist were worsening with more weakness and decreased function". In a PR-2 dated 9-14-15, the injured worker complained of persistent low back, right shoulder, bilateral wrists and hands and right elbow, rated 4 to 5 out of 10 on the visual analog scale. Physical exam was unchanged. The treatment plan included requesting authorization for a three-month extension of transcutaneous electrical nerve stimulator unit, 12 sessions of physical therapy and Victor's Pen Needles. On 10-1-15, Utilization Review modified a request for twelve sessions of physical therapy for the lumbar spine, right shoulder, right elbow and right wrist to six sessions only of physical therapy for the lumbar spine, right shoulder, right elbow and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the Lumbar Spine, Right Shoulder, Right Elbow and Right Wrist: 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: Review indicates the patient has received at least 28 PT visits with an additional 6 extended on 7/17/15 to the elbow and wrist. There is now a request for additional therapy involving the low back and shoulder not previously addressed with current 12 sessions requested modified to 6 PT visits. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The patient should have been previously instructed on an independent home exercise program. The physical therapy 2x6 for the lumbar spine, right shoulder, right elbow and right wrist is not medically necessary and appropriate.