

Case Number:	CM15-0208446		
Date Assigned:	10/27/2015	Date of Injury:	05/01/2014
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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 43 year old male, who sustained an industrial injury on May 1, 2014, incurring head, upper and lower back, bilateral elbows and right wrist injuries. He was diagnosed with a brain contusion, cervical sprain, lumbar sprain, lumbar radiating, bilateral elbow epicondylitis and carpal tunnel syndrome. Treatment included six visits of physical therapy, anti-inflammatory drugs, neuropathic medications, muscle relaxants, and work modifications. Currently, the injured worker complained of persistent neck pain radiating down into the lower back. He rated his pain 6 on a pain scale from 0 to 10. Tenderness was noted in the lower lumbar region. The cervical neck pain radiated into the right shoulder and down into the elbow, right hand and wrist. He had numbness and tingling in the right hand and fingers. He noted these symptoms persisted after participating in physical therapy. The injured worker stated that there was some improvement while in physical therapy and after the therapy was completed his pain would come right back. The treatment plan that was requested for authorization included physical therapy twice a week for four weeks for the neck. On September 30, 2015, a request for 8 physical therapy visits was modified to 6 visits of physical therapy for the neck by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and 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: The 43 year old patient complains of neck pain going down to mid and lower back; right shoulder pain radiating to right elbow, wrist and hand; extreme numbness and tingling in right pinky and ring fingers; and increased tingling in the right elbow; as per progress report dated 09/16/15. The request is for Physical therapy 2 times 4 for the neck. The RFA for this case is dated 09/16/15, and the patient's date of injury is 05/01/15. The patient's pain is rated at 8-9/10 without medications and 6/10 with medications, as per progress report dated 09/16/15. Diagnoses, as per the same report, included brain contusion, traumatic brain injury, cervical sprain, lumbar strain, right S1 lumbosacral radiculopathy, right lateral /medial epicondylitis, right wrist pain, left lateral epicondylitis, and r/o carpal tunnel. Medications included Fenoprofen, Gabapentin, and Flexeril. The patient is on modified duty, as per the same report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: 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." As per progress report dated 09/16/15, the patient "recently finished participating in physical therapy. The patient states there was some improvement while in the therapy and after the therapies were done his pain would come right back." In the same report, the treater also states that "while he was participating in physical therapy he noticed great improvement in his functional activities." The treater is, therefore, requesting for 8 additional sessions. The treater is also recommending the patient to join a gym to strengthen the lumbosacral musculature. A request for 8 sessions of physical therapy is also noted in progress report dated 08/19/15 along with a recommendation to continue the home exercise regimen. In a prior report dated 07/15/15, the treater states that the patient has been authorized for physical therapy and "will start as of tomorrow." Requests for 8 sessions of physical therapy is also noted in progress reports dated 06/17/15 and 05/06/15. In the 05/06/15 report, the treater also indicates that the patient has had some therapy immediately after the injury as well. A review of the reports indicates that the patient has benefited from physical therapy, especially in the recent past. The patient has also been advised to follow a home exercise regimen. The treater, however, does not explain why the patient cannot continue to benefit from home exercises instead of participating in additional therapy. Furthermore, neither the progress reports nor the Utilization Review denial letter document the actual number of physical therapy sessions completed until now. MTUS only allows for 8-10 sessions of physical therapy in non-operative cases. Given the lack of relevant documentation, the request for 8 additional sessions is not medically necessary.