

Case Number:	CM15-0026885		
Date Assigned:	02/18/2015	Date of Injury:	01/16/2012
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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 50 year old male, who sustained an industrial injury on January 16, 2012. He has reported stiffness and soreness of the neck and left trapezius muscle, worsening bilateral upper extremity pain and numbness, left elbow pain and numbness in bilateral digits. The diagnoses have included status-post cervical laminoplasty, residual upper extremity dysesthesias and carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the neck, conservative therapies, pain medications and work restrictions. Currently, the IW complains of stiffness and soreness of the neck and left trapezius muscle, worsening bilateral upper extremity pain and numbness, left elbow pain and numbness in bilateral digits. The injured worker reported an industrial injury in 2012, resulting in the above pain. He was treated conservatively and surgically without resolution of the chronic pain. Evaluation on January 27, 2014, revealed continued pain as described. He was noted to be 12 weeks post-surgical intervention at that time. Physical therapy reports noted some pain improvements and occasional increased numbness of the hands and digits. On January 29, 2015, Utilization Review non-certified a request for 12 physical therapy visits, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities. The request is for 12 PHYSICAL THERAPY VISITS. The request for authorization was not provided. Per progress report dated 01/09/15, patient is 3 weeks status-post left L4-5 interlaminar epidural injection and notes resolution of his leg pain but continues with back pain. MRI of the lumbar spine 03/28/14 shows multilevel lumbar spondylosis, most significant at the L3-4 level. EMG on both upper extremities 03/24/14, treater states, "I did not see any evidence on needle electrode examination of the upper extremities today to suggest a cervical radiculopathy, either acute or chronic." The patient has right greater than left hand and finger dysesthesias. Spurling's test to the right elicits pain into the right trapezius, and right pectoral and clavicular area, as well as down the right arm. Patient is positive Adson's sign on the left. Patient's medications include Norco and Lyrica. The patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, 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." Per progress report dated 01/09/15, treater's reason for the request is "He does continue with low back pain and we feel he would benefit from a course of physical therapy." A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, physical therapy report dated 02/18/14 shows patient attended 12 sessions of authorized visits. Physical therapy report dated 09/25/14 shows patient attended an additional 12 sessions of authorized visits for a total of 24 physical therapy visits. Additionally, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 additional sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.