

Case Number:	CM15-0215800		
Date Assigned:	11/05/2015	Date of Injury:	05/11/2015
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 68 year old male, who sustained an industrial injury, May 11, 2015. The injured worker was undergoing treatment late effects of a motor vehicle accident, cervical spine degenerative disc disease, cervical spine strain and or sprain, left shoulder sprain and or strain, thoracic spine sprain and or strain, left upper chest contusion, lumbar spine degenerative disc disease, lumbar sprain and or strain, left knee contusion, sprain and or strain. According to the physical therapy progress note of June 15, 2015, the injured worker reported feeling the same in the left shoulder and neck pain remained 7 out of 10. The objective findings were tenderness of the trapezius muscle with restricted range of motion t of the neck and left shoulder. There was moderate pain elicited on neck rotation and left arm abduction and flexion. There was no swelling or neurological deficit. The injured worker was provided with green t-band of 8 foot for strengthening exercises and handout with new exercises provided which the injured worker was using at home. According to progress note of August 11, 2015, the injured worker's chief complaint was neck pain, especially on the left side; chest pain with prolonged activities, which gets tight making it hard to breath. The back pain was described as a burning type pain, worse in the mid back and to the left side. The pain increased with prolonged sitting, standing and walking. The pain was making it difficult to sleep at night. The pain was diminished with Motrin. The left leg noted tenderness to touch. The injured worker was unable to squat due to the pain. The physical examination of the cervical spine noted tenderness to palpation ove4r the left upper trapezius and left levator scapula. There was difficulty with using the left shoulder. There was tenderness with palpation over the left clavicle, left trapezius and the upper chest

wall. The thoracic spine was normal. The lumbar spine noted tenderness with palpation of the left lumbar spine and left lumbosacral (L5-S1) spine. The range of motion was limited and painful. The injured worker previously received the following treatments 6 sessions of physical therapy, documentation and green T-band sent home with the injured worker for home exercise, CT scan of the chest, abdomen and pelvis with contrast showed no pneumothorax or no solid abdominal injury, CT scan of the thoracic and lumbar spine with contrast showed no acute fracture of the cervical, thoracic or lumbar spine, the CT scan of the head showed no acute intracranial hemorrhage and CT scan of the chest and pelvis showed no evidence of acute injury. The RFA (request for authorization) dated August 24, 2015; the following treatments were requested physical therapy 2 times a week for 6 weeks for the cervical, thoracic and lumbar spine, left shoulder, chest and left knee. The UR (utilization review board) denied certification on October 1, 2015; for the physical therapy 2 times a week for 6 weeks for the cervical, thoracic and lumbar spine, left shoulder, chest and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 (Cervical/Thoracic/Lumbar Spine, Left Shoulder/Chest, Left Knee):
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, two times per week times six weeks (cervical, thoracic, lumbar spine, left shoulder, chest and left knee) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are late effects of a motor vehicle accident, cervical spine degenerative disc disease, cervical spine strain and or sprain, left shoulder sprain and or strain, thoracic spine sprain and or strain, left upper chest contusion, lumbar spine degenerative disc disease, lumbar sprain and or strain, left knee contusion, sprain and or strain. Date of injury is May 11, 2015. According to an August 11, 2015 first report, the injured worker complains of neck pain, left chest pain, back pain and bilateral leg pain. Objectively, there is tenderness to palpation in the left trapezius and levator scapulae with tenderness over the left shoulder and lumbar spine paraspinals. Reportedly, the injured worker received to physical therapy sessions with improvement only in the right leg. The total number of physical therapy sessions is not specified. There is no documentation of objective functional improvement from prior physical therapy. The injured worker was instructed on a home exercise program. The guidelines recommend a six visit clinical trial. The treating provider requested "an additional" 12 sessions. Based on clinical information and medical record and the peer-reviewed evidence-based guidelines, two times per week times six weeks (cervical, thoracic, lumbar spine, left shoulder, chest and left knee) is not medically necessary.