

Case Number:	CM15-0058949		
Date Assigned:	04/03/2015	Date of Injury:	02/17/2012
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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 is a 37-year-old female who sustained an industrial injury on 2/17/12 from a slip and fall that initially injured her bilateral arms and right knee. She currently complains of burning radicular neck pain and muscle spasms with numbness and tingling of the bilateral upper extremities; constant, burning bilateral shoulder pain, radiating down the arms to the fingers with muscle spasms; constant burning bilateral elbow pain and muscle spasms; constant, burning radicular low back pain with muscle spasms and numbness and tingling of the bilateral lower extremities; bilateral constant burning knee pain and muscle spasms; constant burning left ankle pain. Her pain intensity is 7/10. She exhibits decreased range of motion. She ambulates with a cane. Medications are deprizine, dicopanol, fanatrex, Synapryn, Tabradol, Capsaicin, flurbiprofen, menthol, cyclobenzaprine and gabapentin. Diagnoses include cervicalgia; cervical radiculopathy; bilateral shoulder internal derangement; bilateral elbow pain; bilateral wrist tenosynovitis; low back pain; lumbar radiculopathy; bilateral knee internal derangement; left ankle pain; mood disorder; anxiety disorder. Treatments to date include medications, chiropractic therapy, acupuncture, physical therapy (8 sessions) with temporary relief. Diagnostics included trigger point impedance of the lumbar spine (10/8/14, 11/5/14, and 1/7/15). In the progress note, dated 2/27/15 the treating provider's plan of care recommends physical therapy 2X4. The utilization Review indicates therapy to the right knee, cervical spine, lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the right knee, cervical spine, lumbar spine, and bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Neck, Low Back, and Shoulder Sections, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the right knee, cervical spine, lumbar spine and bilateral shoulders 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical musculoligamentous injury; thoracic strain and sprain; lumbar musculoligamentous injury; lumbar radiculitis; right shoulder and left shoulder myoligamentous injury; right elbow and left elbow myoligamentous injury; right wrist and left wrist sprain and strain; right knee sprain and strain; sleep disturbance; anxiety; and depression. The documentation indicates the injured worker received multiple therapeutic modalities. According to a February 27th 2015 progress note, the injured worker received 12 acupuncture treatments and 8 physical therapy treatments with temporary relief. There is no documentation indicating objective functional improvement prior to the group therapy. In October 2014, progress note states the injured worker received 18 chiropractic and physical therapy sessions. The total number of physical therapy visits is unclear. PT documentation did not provide effective overall relief. Additionally, when treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There is no compelling clinical documentation in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement and the total number of physical therapy sessions to date with no compelling clinical facts to warrant additional physical therapy, physical therapy two times per week times four weeks to the right knee, cervical spine, lumbar spine and bilateral shoulders is not medically necessary.