

Case Number:	CM15-0085841		
Date Assigned:	05/07/2015	Date of Injury:	02/05/2014
Decision Date:	06/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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 February 5, 2014. He reported a truck accident with the truck flipped to the side, with severe pain in his neck. The injured worker was diagnosed as having cephalgia secondary to stress/anxiety, chronic cervical spine sprain/strain with radiculitis, chronic thoracic spine sprain/strain, chronic lumbar spine sprain/strain with radiculitis, chronic right shoulder sprain/strain with tear to the labrum and rotator cuff per MRI, right lateral epicondylitis, right de Quervain's tenosynovitis, rule out right carpal tunnel syndrome, status post right knee arthroscopy, rule out right knee internal derangement, and chest wall contusion. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), MRIs, x-rays, physical therapy, and medication. Currently, the injured worker complains of bioccipital headaches with decreased concentration associated with sleep interruption and disruption of daily life activities, constant midline neck pain radiating to shoulders, constant middle left and right sided low back pain, constant posterolateral right shoulder pain, constant posterior right elbow and medial right forearm pain radiating to the right hand and fingers associated with numbness, frequent dorsal wrist and ventral hand pain and numbness of the fingers of the right hand radiating to the fingers and hand associated with numbness, constant right thigh pain associated with numbness, frequent right knee pain, constant right lower leg pain, chest pain, sleep disorder, and anxiety and irritability. The Treating Physician's report dated March 20, 2015, noted the injured worker's current medications as Ibuprofen, Baclofen/Flurbiprofen, Tylenol with Codeine, and Gabapentin/L-Carnitine. Physical examination was noted to show some tenderness to palpation at the

pectoralis major muscle. The cervical spine examination was noted to show tenderness to palpation over the bilateral paracervical muscle, bilateral trapezius muscles, and right levator scapulae, with palpable muscle spasm at the mid cervical levels. The thoracic examination was noted to show tenderness to palpation over the bilateral paradorsal muscles. Tenderness to palpation was noted over the lumbar bilateral paralumbar muscles with palpable muscles spasms bilaterally. The right shoulder was noted with pain on the shoulder joint with tenderness to palpation over the rotator cuff, with tenderness to palpation over both wrists, right greater than left. The treatment recommendations were noted to include a MRI of the right knee to rule out internal derangement, physical therapy to the neck, upper back, low back, and right shoulder, TENS at home, referral to orthopedic surgeon, referral for Functional Capacity Evaluation (FCE), referral to psychologist/psychiatrist regarding stress, referral to pain management, and referral for the injured worker for education classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine treatment/Assessment approaches. Decision based on Non-MTUS Citation ACOEM practice guidelines, 2nd edition, Chapter 7, Independent medical examinations and consultations page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 x per week for 4 weeks is not medically necessary and appropriate.