

Case Number:	CM14-0122655		
Date Assigned:	09/18/2014	Date of Injury:	02/14/2013
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 2/14/2013. Per primary treating physician's progress report dated 7/10/2014, the injured worker complains of back pain about the same pain level, rated 9/10. Pain is constant, radiates into right leg and bilateral feet causing pain. Right elbow has pain with numbness and tingling. Right shoulder has same pain level at 9/10. Pain goes into the right arm and radiates to the elbow. On examination there is tenderness to right shoulder and right elbow ulnar groove. Straight leg raise is positive on the right. Gait is mildly guarded. There is decreased sensation to right foot. Diagnoses include 1) lumbar spine radiculitis 2) right shoulder internal derangement 3) right elbow cubital tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate

discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. This request is for physical therapy 2x6 for the lumbar spine. It is not clear how many physical therapy sessions the injured worker has previously had, and the medical records provided for review do not indicate any functional improvement or pain relief from previously physical therapy. The injured worker was injured over a year ago, and it is likely that he has had physical therapy and has implemented a home exercise program, which is not addressed by the requesting physician. This request is also in excess of the 8-9 sessions of physical therapy that are recommended by the MTUS Guidelines. The request for physical therapy visits is determined to not be medically necessary.