MAXIMUS Federal Services

Case Number:	CM14-0129725		
Date Assigned:	09/22/2014	Date of Injury:	11/24/1989
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 61 year old female with a work injury dated 1/24/89. The injury occurred when she was working as a flight attendant and she slipped and fell while exiting a plane. The diagnoses include thoracic and lumbar sprain; right shoulder adhesive capsulitis; right subacromial bursitis; rule out right shoulder calcific tendinitis versus glenohumeral joint arthritis; cervicalgia; history of healed Right Elbow Fracture. Under consideration is a request for Physical Therapy 1:1 thoracic spine 2-3x a week for 8 weeks; Physical Therapy 1:1 Lumbar spine 2-3x a week for 8 weeks; Trigger point injections thoracic spine 2x a week for 4 weeks. Per documentation the patient reopened her case on 7/2/14 and hasn't been treated since 2004.There is a physical medicine consult dated 7/23/14 that states that the patient currently describes the neck and upper thoracic pain as primarily right-sided and axial in nature. Patient denies any radicular pain. Patient states it is more localized to the upper thoracic region. Patient states she has difficulty with the extremes of all range of motion. Patient denies any swelling issues. Patient denies any headaches. Patient has not obtained any recent treatment for this injury. Patient states that her pain level ranges from a 0/10 without activity up to an 8/10 with activity, which also includes the right shoulder pain. In regards to back pain, the patient localizes it primarily to the right lower lumbar aspect. Patient denies any radicular pain. Patient states the pain is axial in nature and dull, achy. Physical therapy has been done sparingly over the past 20 years. Currently, she states the pain is a 0110. Patient denies any numbness or tingling. Patient denies any weakness. Patient denies any bowel or bladder incontinence. Patient denies any right knee pain at this time. Patient is able to function but does have issues of transient back pain which she also would like to address. The cervical exam reveals flexion 45 degrees, extension 45 degrees, lateral flexion 25 degrees, left rotation 60 degrees, right rotation 60 degrees with mild pain in all

planes. There is tenderness to palpation along the upper and mid-thoracic paravertebral musculature. There is mild tenderness to palpation along the midline of the cervical spine and thoracic spine. The lumbar exam reveals flexion 80 degrees, extension 30 degrees, lateral flexion 30 degrees, rotation 70 degrees without pain. There is very mild tenderness to palpation along paravertebral muscles of the lumbar spine on the right side. The right shoulder exam reveals flexion 50 degrees, abduction 35 degrees, external rotation 45 degrees, internal rotation 70 degrees, extension 50 degrees. Right Shoulder range of motion was measured. Abduction 60 degrees with passive range of motion and 75 degrees of flexion with passive range of motion. There is a negative straight leg raise. There is a positive right Apley and compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1:1 thoracic spine 2-3x a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

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

Decision rationale: Physical Therapy 1:1 thoracic spine 2-3 times a week for 8 weeks is not medically necessary. The guidelines recommend up to 10 visits for this condition. The request exceeds the guideline recommendations. It is unclear exactly how many therapy sessions the patient has had prior for this condition and the outcome. Without this outcome and the fact the request exceeds guideline recommendations the request for physical therapy 1:1 thoracic spine 2-3 times a week for 8 weeks is not medically necessary.

Physical Therapy 1:1 Lumbar spine 2-3x a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

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

Decision rationale: Physical Therapy 1:1 lumbar spine 2-3 times a week for 8 weeks is not medically necessary. The guidelines recommend up to 10 visits for this condition. The request exceeds the guideline recommendations. It is unclear exactly how many therapy sessions the patient has had prior for this condition and the outcome. Without this outcome and the fact the request exceeds guideline recommendations the request for physical therapy 1:1 lumbar spine 2-3 times a week for 8 weeks is not medically necessary.

Trigger point injections thoracic spine 2x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Trigger point injections thoracic spine 2 times a week for 4 weeks is not medically necessary per the MTUS Guidelines. The guidelines recommend documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The documentation does not reveal trigger points with twitch response and repeat injections are not recommended weekly unless there is greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The request for trigger point injections thoracic spine 2 times a week for 4 weeks is not medically necessary.