MAXIMUS Federal Services

Case Number:	CM14-0144786		
Date Assigned:	09/12/2014	Date of Injury:	04/07/2014
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 and is licensed to practice in Illinois. 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 injured worker was a 37-year-old female who reported injury on 04/07/2014. The injured worker was in a standing position when she went to sit in a chair. A student pulled the chair out from under her and she went straight down to the floor, striking her tailbone. She sustained injuries to her right side, her back, and neck. The injured worker's treatment history included x-rays, MRI studies of the lumbar spine, EMG/NCV studies, and physical therapy sessions. The injured worker was evaluated on 09/11/2014 and it was documented that the injured worker complained of neck pain. Her pain level was a 5/10 with Naprosyn. The injured worker's pain was at the base of the neck and radiated between the scapula areas. The injured worker's stated if she was lying on her stomach, both arms feel dead, which causes some pain. The injured worker's lower back pain was a constant pain rated at 5/10 with Naprosyn. Her pain was in the center of the lower back. Soreness of the hips and gluteus area. The injured worker had numbness of the right hand and right foot frequently. The injured worker stated since having the EMG study, she was experiencing spasm in the lower legs when sitting or lying down. The injured worker was taking Soma and Vicodin nightly, which she stated relieved her pain. Physical examination of the cervical spine revealed the injured worker to have decreased cervical lordosis. There was tenderness to palpation with paraspinal muscles, worse at the base of the cervical spine, extending to the right trapezius muscle mass and down the medial border of the right scapula. There was decreased cervical lordosis without spasm. She had decreased range of motion of cervical spine. The injured worker does not have any radicular pain in the arms with axial loading, full extension, or full flexion of the cervical spine. Spurling's test was negative bilaterally, but does cause pain. Examination of the shoulder revealed full range of motion without pain. Both shoulders are stable to anterior, posterior, and inferior stress. The impingement signs were negative. There was no tenderness over the bicep tendons. There was

no pain on acromioclavicular joint compression, either shoulder. Examination of the wrist revealed full range of motion without abnormalities. The injured worker had a positive Tinel's bilateral wrist, negative Tinel's bilateral elbows. Painful Phalen's bilateral wrist. Logical examination revealed decreased sensation bilateral hands, all digits. The injured worker had 4/5 motor strength in the right upper extremity, secondary to pain. Strength was 5/5 on the left. Examination of the lumbar spine revealed tenderness to palpation over the lumbosacral spine with decreased lumbar motion. There was a level pelvis and equal leg lengths. There was lumbar spine pain to palpation over the lower lumbar spine extending into the right gluteal area. There was loss of normal lumbar lordosis. There was pain at extremes of the lumbar spine motion. Examination of the hips revealed decreased flexion, secondary to back pain. Diagnoses included cervicalgia, lumbago, brachial neuritis NOS, and carpal tunnel syndrome. The Request for Authorization dated 09/11/2014 was to continue physical therapy twice weekly for 3 weeks to develop a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy twice weekly for three weeks to develop a home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker was received physical therapy however, outcome measures were not submitted for review. The provider failed to indicate long-term functional goals. The request will failed to include location where treatment is required. Additionally, the request exceeds recommended amount visits per the guidelines Given the above, the request for to continue physical therapy twice weekly for three weeks to develop a home exercise program is not medically necessary.