MAXIMUS Federal Services

Case Number:	CM14-0022144		
Date Assigned:	08/01/2014	Date of Injury:	05/26/2005
Decision Date:	09/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 & 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 50 year old with a work injury dated 5/26/05. The diagnoses include cervical sprain/strain with degenerative disc disease, cervical disc bulges, trapezius myofasciitis, bilateral shoulder sprain/ strain/degenerative disc disease, right elbow lateral and medial epicondylitis, left elbow sprain/strain, bilateral wrist sprain/strain, history of carpal tunnel release, sip right carpal tunnel release, left DeQuervain's tendon release, sip left DeQuervain's tendon release, lumbar sprain/ strain, lumbar disc bulge/ radiculopathy, depression/anxiety, Under consideration is a request for physical Therapy 12 sessions for the lumbar spine, right shoulder and right elbow.There is a primary treating physician report dated 1/30/14 that states that she returns for a flare up of pain to the right arm. Since last seen in this office, the patient has not worked. No new or further injuries have been sustained since she was last in this office. In approximately March of 2005, the patient began to feel pain in her bilateral hands/wrists, bilateral forearms, bilateral shoulders, and neck. In September or October of 2005, due to performing constant sitting, the patient began to feel low back pain. In about March of 2010, due to performing modified job duties, the patient's symptoms progressively worsened. The patient feels her condition has become worse since she was last seen in this office. She complains of tenderness and pinching pain in the left side of her neck and upper shoulders. She complains of pain that radiates into the upper extremities, greater to the right. There is pain that radiates down the bilateral upper extremities. On the right, the pain radiates to the right forearm and hand/wrist. The patient wakes up with stiffness in the right index finger and states it becomes stuck. She complains of left wrist pain and tingling. She experiences pinching under the bilateral trapezii, greater to the left. She complains of numbness and tingling of the bilateral upper extremities. There is bilateral elbow, wrist, hand, and finger pain as well as low back pain. On exam there is bilateral shoulder

tenderness to palpation with bilateral Neer and Hawkins tests are positive. The right elbow examination reveals tenderness to palpation over the bilateral epicondyles, greater to the medial than lateral epicondyle. The right wrist/finger exam demonstrates tenderness to palpation over the 1st metacarpophalangeal joint and 1st interphalangeal joints. There is triggering and tenderness over the 2nd volar metacarpophalangeal joint. Sensory examination reveals decreased sensation to light touch to the right thumb and right index finger. The lumbar spine reveals paraspinal tenderness. There is a request for 12 sessions of PT to the lumbar spine, right shoulder and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions for the Lumbar Spine, Right Shoulder and Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines (Lumbar).

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

Decision rationale: Physical Therapy 12 sessions for the lumbar spine, right shoulder and right elbow is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The patient's injury was in 2005. It is unclear how many visits of therapy she has had in the past. The request exceeds guideline recommendations.Without clear indication of how much therapy she has had in the past and the efficacy of this therapy additional therapy cannot be recommended.Therefore, the request for physical therapy 12 sessions for the lumbar spine, right shoulder and right elbow is not medically necessary.