

Case Number:	CM14-0095496		
Date Assigned:	07/25/2014	Date of Injury:	05/07/2007
Decision Date:	10/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The records presented for review indicate that this 52 year-old male was reportedly injured on 05/07/2007. The progress report, dated 4/28/14, indicates that there are ongoing complaints of constant back, and right elbow pain. The diagnosis reported is Cervicalgia (723.1). The physical examination demonstrated tenderness of the cervical paravertebral muscle and pain with terminal motion, tenderness at the right subacromial space of the right shoulder, positive Hawkin's and impingement sign and pain with terminal motion. Elbow examination revealed a positive Tinel's in the bilateral elbows the right greater than the left with extension of symptomology in ulnar two digits. Elbow flexion test was positive and discomfort around the arcade of shutters was noted. Tenderness noted at mid to distal lumbar segments of the lumbar spine with pain on terminal motion positive seated nerve root test; dysesthesia at the L5-S1 dermatome and weakness of ankles and toes. MRI Lumbar spine without contrast dated 4/2/2014 reported degenerative disc signal loss present at every lumbar level, except for L1-2, but there is no evidence for significant central canal stenosis at any level. Spondylitic disc complex L3-4 slightly asymmetric to the left causing greater than right foraminal stenosis and at L4-5 is slight to the right causing a degree of right greater than left L4-5 foraminal narrowing. Post laminectomy changes are present at L5-S1 on the left with mild degree of facet arthropathy, but no central stenosis or foraminal stenosis. Previous treatment includes medications for pain, acupuncture and physical therapy. A request had been made for Physical therapy 8 sessions cervical, lumbar spine, right shoulder and right elbow and was not certified in the pre-authorization process on 05/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (physical therapy) 8 sessions cervical, lumbar spine, right shoulder and right elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back, physical therapy, low back, shoulder, elbow

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Low Back, Shoulder, Elbow, Physical therapy (PT)

Decision rationale: The injured worker is noted to be status post anterior cervical fusion with continued complaints of neck pain radiating to bilateral upper extremities; status post lumbar laminectomy with continuing low back pain radiating to bilateral lower extremities. The injured worker reports use of TENS unit, medication and physical therapy is helpful. Current diagnoses are lumbago, pain elbow, and cervicalgia. The records indicate that the injured worker has had previous physical therapy, but there is no comprehensive history with documentation of the total number of therapy visits completed to date, modalities used, and response to treatment. There is no indication that the injured worker had substantial functional improvement in response to previous physical therapy, nor is there evidence that the injured worker is compliant with a home exercise program. Based on the clinical information provided, medical necessity is not established for PT (physical therapy) 8 sessions cervical, lumbar spine, right shoulder and right elbow.