

Case Number:	CM14-0218612		
Date Assigned:	01/08/2015	Date of Injury:	02/22/2011
Decision Date:	03/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a male patient with an injury date of 02/22/2011. A primary treating physician note dated 06/24/2014 described the patients' subjective complaints unchanged from prior visit. He continues to complain of constant, slight to moderate pain at the base of his neck that travels down his upper extremities to his hands and is accompanied by numbness, tingling and weakness right greater than left. His pain is reported to increase with forward flexion, extension and cervical rotation. He also complains of occasional headaches and dizzy spells. In addition he has complaint of bilateral shoulder pain right greater than left. He reported popping and clicking with shoulder motion. The following diagnosis are applied; cervical sprain, cervical radiculitis, spondylosis cervical, shoulder sprain, wrist sprain, lumbar sprain, lumbar radiculitis, disc degeneration, lumbar and a sprained knee. Computerized range of motion testing of the cervical spine showed flexion is 23 degrees. Extension is 6 degrees. Lateral flexion is 11 degrees to the left and 11 to the right. Like wise, computerized range of motion of the lumbar spine showed flexion is 11 degrees. Extension is 3 degrees. Lateral flexion 8 degrees to the left and 12 degrees to the right. The straight leg test is positive bilaterally with radicular pain posteriorly to the bilateral extremities. He is prescribed the following medications; Soma, and Mobic; he remains temporarily totally disabled with follow up in six weeks. The next primary treating visit dated 09/23/2014 reported the patient presenting with a flare up of bilateral knee pain. He is also with complaint of cervical spine, bilateral shoulder, lumbar spine and bilateral wrist pain. He underwent bilateral upper extremity EMG which revealed bilateral carpal tunnel syndrome and bilateral ulnar neuropathy at the elbows. A request for an MRI to bilateral knees ruling out

internal impingement was made. A request was made on 11/20/2014 asking for 8 sessions of physical therapy treating the lumbar spine. The Utilization Review denied the request on 12/01/2014 as not meeting medical necessity requirements. The claimant had undergone at least 5 physical therapy sessions in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar 2x6 (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case, the claimant had already received therapy. There was no indication that additional exercises cannot be completed at home. In addition, the amount of visits requested and previously received exceeds the total amount of sessions recommended by the guidelines.

Physical therapy for wrist/elbows (2x4) 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines physical medicine and pg 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines, physical therapy is to be provided for 1-2 sessions for education and counseling. Additional sessions can be continued in a home setting. In this case, the claimant

had already received therapy. There was no indication that additional exercises cannot be completed at home. In addition, th amount of visits requested adn previously received exceeds the total amount of sessions recommended by the guidelines.