

Case Number:	CM15-0010877		
Date Assigned:	01/30/2015	Date of Injury:	06/18/2014
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 44 year old male, who sustained an industrial injury on 06/18/2014. On physician's progress report dated 12/19/2014 the injured worker has reported headaches, ear aches, neck pain, upper back pain, low back pain, bilateral shoulder pain, left elbow pain, bilateral wrist pain, inguinal pain, anxiety, depression, irritability and difficulty falling asleep. The diagnoses have included cephalgia secondary to stress, bilateral otalgia, left ear buzzing, chronic sprain/strain of cervical spine, chronic sprain/strain of thoracic spine, chronic sprain/strain of lumbar spine with right lower extremity radiculopathy with multilevel disc herniation, chronic sprain/strain with impingement syndrome of bilateral shoulders, chronic sprain/strain left elbow, left lateral epicondylitis, sprain/strain bilateral wrist, rule out carpal tunnel syndrome and rule out inguinal hernia bilateral. Treatment to date has included 14 sessions of physiotherapy, 6 sessions of chiropractic treatments and 3 sessions of acupuncture treatment. On 01/09/2015 Utilization Review non-certified Physical therapy twice a week for four weeks for the neck, upper back, lower back, and left shoulder. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the neck, upper back, lower back, and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back / Neck and Upper Back / Shoulder / Preface

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck; Low back: shoulder; physical therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a 'six-visit clinical trial' to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do indicate any prior physical therapy. There is insufficient medical documentation showing the functional benefits from the prior trials of physical therapy and chiropractic manipulations. As such, the request for Physical therapy twice a week for four weeks for the neck, upper back, lower back, and left shoulder is not medically necessary.