

Case Number:	CM15-0014513		
Date Assigned:	02/02/2015	Date of Injury:	01/14/2014
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female who reported an injury on 01/14/2014. The mechanism of injury was not stated. The current diagnoses include cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, carpal tunnel syndrome, tendinitis/bursitis of the right hand/wrist, bursitis and tendinitis of the right shoulder, lateral epicondylitis of the right elbow, thoracic sprain, rule out right hip sprain, and rule out bursitis of the right knee. The injured worker presented on 11/12/2014 with complaints of persistent pain over multiple areas of the body. Upon examination of the cervical, thoracic, and lumbar spine there was documentation of palpable muscle spasm and tenderness, positive distraction test, positive axial compression test, positive shoulder depression test, decreased triceps reflexes, positive Kemp's test, and positive Yeoman's test. Examination of the bilateral shoulders and elbows also revealed 3+ spasm with tenderness to palpation, positive speeds test, positive supraspinatus test, positive Neer's test, and positive Cozen's test. Examination of the wrists and hands revealed 3+ spasm and tenderness, positive Tinel's and Phalen's sign, and diminished grip strength. Examination of the hips and knees revealed 3+ spasm and tenderness with positive faber testing on the right. Recommendations at that time included 6 additional sessions of physical therapy, continuation of the current compounded creams, a work hardening screening, and a Functional Capacity Evaluation. A Request for Authorization form was then submitted on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine with modalities 3 x 2 weeks for cervical spine, thoracic spine, lumbar spine, right hip, right elbow, bilateral wrist//hand, right knee and bilateral shoulders:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 201-205, 298-299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter, Shoulder chapter

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

Decision rationale: California MTUS Guidelines state Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation provided, the injured worker has participated in a course of physical therapy. However, there was no documentation of objective functional improvement. The injured worker continues to present with complaints of pain over multiple areas of the body. Given the above, the request for additional treatment is not medically appropriate in this case.

Chiro 3 x 2 for cervical spine, thoracic spine, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. There was no documentation of objective functional improvement following the initial course of treatment. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate at this time.