

Case Number:	CM15-0016867		
Date Assigned:	02/05/2015	Date of Injury:	07/07/2014
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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: TR, California, Virginia

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 61 year old female with an industrial injury dated 07/07/2014 (CT from 07/19/2013-07/19/2014). The mechanism of injury is described as a fall, twisting her back. She landed on the left side of her body and tried to break the fall with her left arm. She developed pain in her left wrist, left shoulder, neck and low back. She presented on 11/19/2014 with complaints of neck pain radiating into her left shoulder and left upper extremity. She also complained of constant low back pain with radiation into her left buttocks and left lower extremity. She indicated some relief with physical therapy however, "it hasn't alleviated the radicular symptoms." Physical examination revealed decreased range of motion of the cervical spine with paravertebral tenderness and spasm. There was limited left shoulder mobility with 4 out of 5 muscle strength. Impingement and apprehension signs were positive. There was decreased range of motion of the lumbar spine with paravertebral tenderness and spasm. Prior treatment included physical therapy to neck, left shoulder, left arm and low back on twelve occasions, x-rays, cortisone injection, medications and MRI studies of the left shoulder and wrist. Diagnoses:-Sub acute cervical spine, left shoulder & lumbar spine sprain/strains- Cervical spine referral verses left shoulder/arm strain-Left wrist sprain/strain On 12/03/2014 the request for 8 additional therapy sessions, lumbar was non-certified by utilization review. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 8 total visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment and clear documentation of objective functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 8 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.