

Case Number:	CM15-0017096		
Date Assigned:	02/04/2015	Date of Injury:	11/22/2013
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on November 22, 2013, from a fall, hitting her back on a lunch bench. She has reported injuring her neck, upper back, right forearm, and right lower leg. The diagnoses have included L5-S1 2.1mm herniated nucleus pulposus (HNP), right shoulder contusion, and cervical spine/lumbar spine sprain/strain. Treatment to date has included lumbar epidural steroid injection (ESI), physical therapy, chiropractic treatments, and medications. Currently, the injured worker complains of moderate, frequent, lumbar spine and right shoulder pain. The Primary Treating Physician's report dated January 8, 2015, noted the injured worker with one acupuncture session left, continuing with home exercises, to start physical therapy, and was to have an initial visit with the psychologist on January 23, 2015, with a plan to do a functional capacity evaluation (FCE) on January 14, 2015. On January 15, 2015, Utilization Review non-certified an initial physical therapy 2-3 times a week, lumbar and cervical spine, QTY: 18, and muscle testing 2-3 times a week, lumbar and cervical spine, QTY: 18, noting that acupuncture treatment had been approved, and the injured worker's response to the acupuncture treatment should be evaluated prior to considering additional treatment, and that there were no outcome based randomized clinical trial studies in the medical literature that supported computerized muscle testing as more beneficial than manual muscle testing. The MTUS Chronic Pain Medical Treatment Guidelines and the MTUS American College of Occupational and Environmental Medicine Guidelines were cited. On January 27, 2015, the injured worker submitted an application for IMR for review of an initial

physical therapy 2-3 times a week, lumbar and cervical spine, QTY: 18, and muscle testing 2-3 times a week, lumbar and cervical spine, QTY: 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial physical therapy 2-3 times a week, lumbar and cervical spine qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient presents with neck pain, shoulder pain, rated 3/10 and low back pain, rated 2/10 with medication. The request is for INITIAL PHYSICAL THERAPY 2-3 TIMES A WEEK, LUMBAR AND CERVICAL SPINE QTY: 18. Physical examination to the lumbar spine on 08/11/14 revealed decreased range of motion with spasm and tenderness to palpation. Sciatic notch and straight leg test were positive bilaterally. Patient's treatments have included lumbar ESIs, acupuncture and HED. Per 07/07/14 report, patient's diagnosis include cervical sprain and strain, dorsal lumbosacral strain and sprain, thoracic sprain and strain, rule out herniated nucleus pulposus of the cervical and lumbar spines, right shoulder contusion as well as rule out rotator cuff tear, and right proximal forearm tendonitis. Patient's medications, per 07/24/14 progress report, include Tramadol, Flexeril and Prilosec. Patient is temporarily totally disabled. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided a reason for the request. There is no evidence of prior physical therapy treatments. A short course of physical therapy would be indicated by guidelines given patient's symptoms. However the request for 18 sessions exceeds what is allowed by MTUS for patient's condition. Therefore, the request IS NOT medically necessary.

Muscle Testing, 2-3 times a week, lumbar and cervical spine qty: 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter under Functional improvement measures

Decision rationale: The patient presents with neck pain, shoulder pain, rated 3/10 and low back pain, rated 2/10 with medication. The request is for MUSCLE TESTING, 2-3 TIMES A WEEK, LUMBAR AND CERVICAL SPINE QTY: 18. Physical examination to the lumbar spine on

08/11/14 revealed decreased range of motion with spasm and tenderness to palpation. Sciatic notch and straight leg test were positive bilaterally. Patient's treatments have included lumbar ESIs, acupuncture and HED. Per 07/07/14 report, patient's diagnosis include cervical sprain and strain, dorsal lumbosacral strain and sprain, thoracic sprain and strain, rule out herniated nucleus pulposus of the cervical and lumbar spines, right shoulder contusion as well as rule out rotator cuff tear, and right proximal forearm tendonitis. Patient's medications, per 07/24/14 progress report, include Tramadol, Flexeril and Prilosec. Patient is temporarily totally disabled. The MTUS and ACOEM Guidelines do not address this request; however, ODG-TWC, Pain Chapter under Functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. The records do not show any diagnostic ROM muscle testing. The report making the request was not made available. The ODG guidelines recommend range of motion testing and muscle testing as part of followup visits and routine examination; however, it is not recommended as a separate billable service. The request IS NOT medically necessary.