

Case Number:	CM15-0112331		
Date Assigned:	07/31/2015	Date of Injury:	08/22/2013
Decision Date:	09/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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 63 year old male, who sustained an industrial injury on 8-22-13. The diagnoses have included cervical strain rule out radiculopathy, right shoulder impingement syndrome, lumbar strain-tendinitis, and rule out internal derangement both wrists and rule out fibrocartilage tears. Treatment to date has included medications, activity modifications, off of work, bracing, diagnostics, physical therapy, and other modalities. Currently, as per the physician progress note dated 4-20-15, the injured worker complains of no improvements since the last visit. He complains of neck pain that radiates down the shoulders, right shoulder pain that radiates down the right arm, right and left wrist pain with numbness and tingling, and low back pain that radiates down the left leg. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, lumbosacral spine and right shoulder and electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper and lower extremities. The objective findings reveal cervical muscle spasm is present, there is increased pain toward terminal range of motion, there is tenderness to palpation, there is weakness with range of motion in the right shoulder, there is tenderness noted over both hands and wrists, there is lumbar muscle spasm, tenderness to palpation and increased pain towards terminal range of motion. There is no previous therapy sessions noted in the records. The physician requested treatments included Physical Therapy 2-3 times a week for 6 weeks for the cervical spine, lumbar spine, bilateral hands and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 x 6 weeks for the cervical spine: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating down to both shoulders, right shoulder pain radiating down the right arm, left shoulder pain due to over compensation, right wrist pain, right elbow pain, and low back pain radiating down the left leg. The request is for PHYSICAL THERAPY 2-3 X 6 WEEKS FOR THE CERVICAL SPINE. The request for authorization is not provided. EMG/NCS of the bilateral upper and lower extremities, 07/22/14, shows abnormal electrodiagnostic studies of the bilateral upper extremities consistent with a bilateral mild carpal tunnel syndrome and right mild ulnar entrapment neuropathy across the wrist, left chronic C7 radiculopathy; abnormal electrodiagnostic studies of the bilateral lower extremities consistent with a bilateral chronic L5 radiculopathy. Physical examination of cervical reveals muscle spasm present; increasing pain towards terminal range of motion; tenderness to palpation of the paraspinal musculature. Exam of shoulder reveals weakness with range of motion of the right shoulder. Exam of hands and wrists reveals tenderness over the dorsal aspect and triangular fibrocartilage regions of both wrists. Exam of thoracic reveals increasing pain towards terminal range of motion. Exam of lumbar reveals muscle spasm present; increasing pain towards terminal range of motion; paraspinal musculature tenderness to palpation. Patient's medications include Naproxen and Prilosec. Per progress report dated 07/06/15, the patient to remain off work. MTUS Chronic Pain Management Guidelines, 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 does not discuss the request. Review of provided progress reports show no evidence of prior physical therapy sessions. Given the patient's condition, a short course of physical therapy would be indicated. However, the request for 12-18 sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

Physical Therapy 2-3 x 6 weeks for the lumbar spine: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating down to both shoulders, right shoulder pain radiating down the right arm, left shoulder pain due to over compensation, right wrist pain, right elbow pain, and low back pain radiating down the left leg. The request is for PHYSICAL THERAPY 2-3 X 6 WEEKS FOR THE LUMBAR SPINE. The request for authorization is not provided. EMG/NCS of the bilateral upper and lower extremities, 07/22/14, shows abnormal electrodiagnostic studies of the bilateral upper extremities consistent with a bilateral mild carpal tunnel syndrome and right mild ulnar entrapment neuropathy across the wrist, left chronic C7 radiculopathy; abnormal electrodiagnostic studies of the bilateral lower extremities consistent with a bilateral chronic L5 radiculopathy. Physical examination of cervical reveals muscle spasm present; increasing pain towards terminal range of motion; tenderness to palpation of the paraspinal musculature. Exam of shoulder reveals weakness with range of motion of the right shoulder. Exam of hands and wrists reveals tenderness over the dorsal aspect and triangular fibrocartilage regions of both wrists. Exam of thoracic reveals increasing pain towards terminal range of motion. Exam of lumbar reveals muscle spasm present; increasing pain towards terminal range of motion; paraspinal musculature tenderness to palpation. Patient's medications include Naproxen and Prilosec. Per progress report dated 07/06/15, the patient to remain off work. MTUS Chronic Pain Management Guidelines, 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 does not discuss the request. Review of provided progress reports show no evidence of prior physical therapy sessions. Given the patient's condition, a short course of physical therapy would be indicated. However, the request for 12-18 sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

Physical Therapy 2-3 x 6 weeks for the bilateral hands: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating down to both shoulders, right shoulder pain radiating down the right arm, left shoulder pain due to over compensation, right wrist pain, right elbow pain, and low back pain radiating down the left leg. The request is for PHYSICAL THERAPY 2-3 X 6 WEEKS FOR THE BILATERAL HANDS. The request for authorization is not provided. EMG/NCS of the bilateral upper and lower extremities, 07/22/14, shows abnormal electrodiagnostic studies of the bilateral upper extremities consistent with a bilateral mild carpal tunnel syndrome and right mild ulnar entrapment neuropathy across the wrist, left chronic C7 radiculopathy; abnormal electrodiagnostic studies of the bilateral lower extremities consistent with a bilateral chronic L5 radiculopathy. Physical examination of cervical reveals muscle spasm present; increasing pain towards terminal range of motion; tenderness to palpation of the paraspinal musculature. Exam of shoulder reveals weakness with

range of motion of the right shoulder. Exam of hands and wrists reveals tenderness over the dorsal aspect and triangular fibrocartilage regions of both wrists. Exam of thoracic reveals increasing pain towards terminal range of motion. Exam of lumbar reveals muscle spasm present; increasing pain towards terminal range of motion; paraspinal musculature tenderness to palpation. Patient's medications include Naproxen and Prilosec. Per progress report dated 07/06/15, the patient to remain off work. MTUS Chronic Pain Management Guidelines, 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 does not discuss the request. Review of provided progress reports show no evidence of prior physical therapy sessions. Given the patient's condition, a short course of physical therapy would be indicated. However, the request for 12-18 sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.

Physical Therapy 2-3 x 6 weeks for the right shoulder: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating down to both shoulders, right shoulder pain radiating down the right arm, left shoulder pain due to over compensation, right wrist pain, right elbow pain, and low back pain radiating down the left leg. The request is for PHYSICAL THERAPY 2-3 X 6 WEEKS FOR THE RIGHT SHOULDER. The request for authorization is not provided. EMG/NCS of the bilateral upper and lower extremities, 07/22/14, shows abnormal electrodiagnostic studies of the bilateral upper extremities consistent with a bilateral mild carpal tunnel syndrome and right mild ulnar entrapment neuropathy across the wrist, left chronic C7 radiculopathy; abnormal electrodiagnostic studies of the bilateral lower extremities consistent with a bilateral chronic L5 radiculopathy. Physical examination of cervical reveals muscle spasm present; increasing pain towards terminal range of motion; tenderness to palpation of the paraspinal musculature. Exam of shoulder reveals weakness with range of motion of the right shoulder. Exam of hands and wrists reveals tenderness over the dorsal aspect and triangular fibrocartilage regions of both wrists. Exam of thoracic reveals increasing pain towards terminal range of motion. Exam of lumbar reveals muscle spasm present; increasing pain towards terminal range of motion; paraspinal musculature tenderness to palpation. Patient's medications include Naproxen and Prilosec. Per progress report dated 07/06/15, the patient to remain off work. MTUS Chronic Pain Management Guidelines, 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 does not discuss the request. Review of provided progress reports show no evidence of prior physical therapy sessions. Given the patient's condition,

a short course of physical therapy would be indicated. However, the request for 12-18 sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request IS NOT medically necessary.