

Case Number:	CM15-0116424		
Date Assigned:	06/24/2015	Date of Injury:	12/18/2014
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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 53 year old female, who sustained an industrial injury on 12/18/2014. The injured worker was noted to have had a box fall on her foot off of a conveyer belt, she was then noted to be sandwiched between the conveyer belt and boxes. She felt pain in her neck, mid back, low back, left shoulder and left ankle/foot. Most recent provider visit dated 03/16/2015 the injured worker has reported pin in left heel, back of left ankle, left sided neck pain, left shoulder pain and mid and low back pain. On examination of the injured worker was noted to ambulate on a crutch, range of motion of neck was limited. Positive impingement sign on left shoulder was noted. Left shoulder was noted to have a limited range of motion. Back was noted to have a decreased range of motion. Left ankle/hind foot was noted as having a limited range of motion and generalized pain over the entire left ankle and foot. The diagnoses have included cervical spine sprain/strain, left shoulder impingement with calcific tendonitis, lumbar sprain/strain and left ankle and foot sprain; rule out bony and ligamentous injury. Treatment to date has included chiropractic therapy, orthopedic consultation, physical therapy and pain medication. The injured worker was noted not to be working. The provider requested physical therapy for the neck 3 x 2, physical therapy for the left ankle 3 x 2, physical therapy 3 x 2 lumbar spines and physical therapy 3 x 2 left shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, thrice weekly for two weeks: 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 complains of pain in left heel, back of the left foot, left side of the neck radiating to left shoulder area, and mid and lower back, as per progress report dated 03/16/15. The request is for PHYSICAL THERAPY FOR THE NECK, THRICE WEEKLY FOR TWO WEEKS. There is no RFA for this case, and the patient's date of injury is 12/18/14. Diagnoses, as per progress report dated 03/16/15, included cervical sprain/strain, left shoulder impingement with calcific tendonitis, lumbar sprain/strain, and left ankle sprain and strain. The patient is not working, as per the same progress report. 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. In this case, the patient did receive physical therapy in the past. As per progress report dated 03/16/15, the patient received 8-10 sessions of PT in February of 2015 which "gave her temporary relief." However, in subsequent report dated 06/01/15 after the UR denial date, the treater states that "prior physical therapy helped her but was stopped by the utilization review doctor." As per the report, the patient benefited from six PT sessions prescribed by this clinic but four prior sessions of PT at the industrial clinic did not help her. The treater also claims that the UR doctor did not speak with him although he was available to take the call. He states that the MTUS criteria used in the denial letter do not "specifically address how much therapy is appropriate for any patient let alone [alone] this particular patient in question." The treater also states that the Utilization review gave a general denial without considering each body part specifically and that the California law allows 24 sessions of PT. The patient suffers from neck pain and limited range of motion. The treater, however, does not explain why the patient failed to transition into a home exercise regimen in spite of recent therapy. MTUS guidelines allow only 8-10 sessions in non-operative cases. Hence, the request IS NOT medically necessary.

Physical therapy for the left shoulder, three times weekly for two weeks: 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 complains of pain in left heel, back of the left foot, left side of the neck radiating to left shoulder area, and mid and lower back, as per progress report dated

03/16/15. The request is for PHYSICAL THERAPY FOR THE LEFT SHOULDER, THREE TIMES WEEKLY FOR TWO WEEKS. There is no RFA for this case, and the patient's date of injury is 12/18/14. Diagnoses, as per progress report dated 03/16/15, included cervical sprain/strain, left shoulder impingement with calcific tendonitis, lumbar sprain/strain, and left ankle sprain and strain. The patient is not working, as per the same progress report. 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. In this case, the patient did receive physical therapy in the past. As per progress report dated 03/16/15, the patient received 8-10 sessions of PT in February of 2015 which "gave her temporary relief." However, in subsequent report dated 06/01/15 after the UR denial date, the treater states that "prior physical therapy helped her but was stopped by the utilization review doctor." As per the report, the patient benefited from six PT sessions prescribed by this clinic but four prior sessions of PT at the industrial clinic did not help her. The treater also claims that the UR doctor did not speak with him although he was available to take the call. He states that the MTUS criteria used in the denial letter do not "specifically address how much therapy is appropriate for any patient let along [alone] this particular patient in question." The treater also states that the Utilization review gave a general denial without considering each body part specifically and that the California law allows 24 sessions of PT. The patient suffers from left shoulder pain, subacromial and AC joint tenderness, limited range of motion, and positive impingement sign. The treater, however, does not explain why the patient failed to transition into a home exercise regimen in spite of recent therapy. MTUS guidelines allow only 8-10 sessions in non-operative cases. Hence, the request IS NOT medically necessary.

Physical therapy for the lumbar spine, three times weekly for two weeks: 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 complains of pain in left heel, back of the left foot, left side of the neck radiating to left shoulder area, and mid and lower back, as per progress report dated 03/16/15. The request is for PHYSICAL THERAPY FOR THE LUMBAR SPINE, THREE TIMES WEEKLY FOR TWO WEEKS. There is no RFA for this case, and the patient's date of injury is 12/18/14. Diagnoses, as per progress report dated 03/16/15, included cervical sprain/strain, left shoulder impingement with calcific tendonitis, lumbar sprain/strain, and left ankle sprain and strain. The patient is not working, as per the same progress report. 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. In this case, the patient did

receive physical therapy in the past. In progress report dated 06/01/15 after the UR denial date, the treater states that "prior physical therapy helped her but was stopped by the utilization review doctor." As per the report, the patient benefited from six PT sessions prescribed by this clinic but four prior sessions of PT at the industrial clinic did not help her. The treater also claims that the UR doctor did not speak with him although he was available to take the call. He states that the MTUS criteria used in the denial letter do not "specifically address how much therapy is appropriate for any patient let alone [alone] this particular patient in question." The treater also states that the Utilization review gave a general denial without considering each body part specifically and that the California law allows 24 sessions of PT. The patient suffers from low back pain, spasms and limited range of motion in the lumbar spine. The treater, however, does not explain why the patient failed to transition into a home exercise regimen in spite of recent therapy. MTUS guidelines allow only 8-10 sessions in non-operative cases. Hence, the request IS NOT medically necessary.

Physical therapy for the left ankle, three times weekly for two weeks: 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 complains of pain in left heel, back of the left foot, left side of the neck radiating to left shoulder area, and mid and lower back, as per progress report dated 03/16/15. The request is for PHYSICAL THERAPY FOR THE LEFT ANKLE, THREE TIMES WEEKLY FOR TWO WEEKS. There is no RFA for this case, and the patient's date of injury is 12/18/14. Diagnoses, as per progress report dated 03/16/15, included cervical sprain/strain, left shoulder impingement with calcific tendonitis, lumbar sprain/strain, and left ankle sprain and strain. The patient is not working, as per the same progress report. 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. In this case, the patient did receive physical therapy in the past. As per progress report dated 03/16/15, the patient received 8-10 sessions of PT in February of 2015 which "gave her temporary relief." However, in subsequent report dated 06/01/15 after the UR denial date, the treater states that "prior physical therapy helped her but was stopped by the utilization review doctor." As per the report, the patient benefited from six PT sessions prescribed by this clinic but four prior sessions of PT at the industrial clinic did not help her. The treater also claims that the UR doctor did not speak with him although he was available to take the call. He states that the MTUS criteria used in the denial letter do not "specifically address how much therapy is appropriate for any patient let alone [alone] this particular patient in question." The treater also states that the Utilization review gave a general denial without considering each body part specifically and that the California law allows 24 sessions of PT. The patient suffers from severe ankle pain and limited range of motion. The treater, however, does not explain why the patient failed to transition into a home exercise regimen in spite of recent therapy. MTUS guidelines allow only 8-10 sessions in non-operative cases. Hence, the request IS NOT medically necessary.