

Case Number:	CM15-0127282		
Date Assigned:	07/14/2015	Date of Injury:	10/30/2007
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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 60 year old female, who sustained an industrial injury on 10/30/07. She has reported initial complaints of neck, back, left shoulder and left arm pain. The diagnoses have included cervical strain/sprain with radiculitis, thoracic strain/sprain, and lumbosacral strain/sprain with radiculitis, left shoulder strain/sprain, left shoulder tendinitis, left elbow strain/sprain and left elbow lateral epicondylitis. Treatment to date has included medications, diagnostics, activity modifications, Interferential Unit (IF), urine toxicology screen, off work, and other modalities. Currently, as per the physician Doctor's First Report progress note dated 6/15/15, the injured worker complains of neck, back, left shoulder and left arm pain. The objective findings reveal cervical tenderness and spasm, decreased range of motion and positive compression test. The thoracic spine reveals tenderness to palpation and spasm and trigger points bilaterally. The lumbar spine reveals tenderness, spasm, decreased range of motion, and positive straight leg raise on the right. The left shoulder reveals tenderness, decreased range of motion, positive Neer's test, left elbow tenderness, positive Cozen's test, decreased motor strength in the bilateral upper extremities, decreased sensation bilateral upper extremities, decreased motor strength right lower extremity (RLE) 4/5, and decreased sensation right thigh, knee, leg and foot. The current medications included compounded analgesic cream and Tramadol. There is no previous diagnostic reports noted in the records and there are no previous physical therapy sessions noted. The physician requested treatment included Physical therapy for the cervical, thoracic, and lumbar spine, and left shoulder (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical, thoracic, and lumbar spine, and left shoulder (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

Decision rationale: This patient presents with chronic neck, back, left shoulder and left arm pain. The current request is for Physical therapy for the cervical, thoracic, and lumbar spine, and left shoulder (12 sessions). The RFA is dated 06/10/15. Treatment to date has included medications, diagnostics, activity modifications, and Interferential Unit (IF). The patient is currently not working. The 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." This patient has a date of injury of 2007 and was seen on 06/15/15 by a new physician. According to the Doctor's First Report, the patient reports continued neck, back and left shoulder pain. Objective findings revealed cervical tenderness and spasm, decreased range of motion, and positive compression test. The thoracic spine was tender to palpation with spasm with trigger points bilaterally. The lumbar spine revealed tenderness, spasm, decreased range of motion, and positive straight leg raise on the right. Examination of the upper extremities revealed positive Neer's and Cozen's test, left elbow tenderness, decreased motor strength and sensation in the bilateral upper extremities, and decreased motor strength right lower extremity (RLE) 4/5. Recommendation was made for "physical therapy evaluation and treatment" 3 times a week for 4 weeks. Given the patient's diagnoses and date of injury, it is likely she has participated in some physical therapy in the past. The number of completed PT visits to date is unknown as there are no other reports provided for review. While MTUS guidelines support up to 10 visits for complaints of this nature, the request is for 12 sessions, which exceeds MTUS recommendations. There is no rationale provided as to why this patient is unable to participate in a self-directed home exercise program either. Therefore, this request is not medically necessary.