

Case Number:	CM15-0172002		
Date Assigned:	09/14/2015	Date of Injury:	06/12/2015
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 who sustained an industrial injury on 6-12-15. Treatments include medication, physical therapy, and acupuncture. Progress report dated 6-26-15 report examination of cumulative injuries to the head, psych, neck, shoulders, hands, lower back, knees, and legs. The headaches are intermittent. The neck pain is continuous and radiates into the bilateral upper extremities rated 9 out of 10. The right and left shoulder pain is continuous, increases with movement and is rated 9 out of 10. Right hand pain is continuous with numbness, tingling, weakness and loss of grip. The pain is rated 9 out of 10. The left wrist pain is continuous with numbness, tingling, weakness and loss of grip. The low back pain is continuous with radiating pain into the bilateral lower extremities with numbness, weakness, tingling and a burning sensation. The left hip pain is continuous and is rated 9 out of 10. The right and left knee pain is continuous and worsens with prolonged walking, standing, range of motion and stooping with episodes of buckling and giving way. She has complaints of depression and insomnia. Diagnoses include: headaches, cervical spine sprain and strain, lumbar spine sprain and strain, bilateral shoulder sprain and strain, bilateral wrist and hand pain, bilateral wrist de Quervains, left hip sprain and strain, bilateral knee sprain and strain, insomnia and depression. Plan of care includes: request physical therapy 3 times per weeks for 4 weeks, obtain recent prior EMG and nerve conduction study results, request lumbar support, bilateral thumb spica, and bilateral knee sleeve, request functional improvement measurements, provided education, request pharmacological assay for medication therapy management, order urine toxicology screen, discontinue celebrex, request psych evaluation for anxiety and depression,

request internal medicine consultation for insomnia, request medications; nabumetone, omeprazole, cyclobenzaprine, Tylenol #3 and compound topical creams. Work status: not currently working - temporary total disability from 6-26-15 to 7-28-15. Follow up on 7-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury beginning in September 1999 with date of injury in June 2015 and is being treated for neck, low back, bilateral shoulder, and right hand, left wrist, left hip, bilateral knee, and secondary depression and insomnia. Prior treatments had included 12 sessions of physical therapy and 15 acupuncture treatments. When seen, there was cervical spine tenderness with decreased and painful range of motion and positive foraminal testing. There was lumbar tenderness with muscle spasms and decreased range of motion with positive bilateral Kemp, left Patrick, and bilateral seated straight leg raise testing. There was decreased shoulder range of motion with crepitus and positive impingement testing. There was upper trapezius, latissimus dorsi, rhomboid muscle, sternoclavicular joint, and rotator cuff tenderness. There was bilateral wrist tenderness with decreased range of motion with crepitus and positive Tinel's, Phalen's, and Finkelstein is testing. There was bilateral thumb tenderness. She had decreased left hip range of motion; there was knee tenderness with decreased range of motion bilaterally with crepitus, and positive McMurray's testing. Authorization for 12 sessions of physical therapy and for muscle testing is being requested. The claimant is being treated for chronic pain with no new acute injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be necessary or effective. The request was not medically necessary.

Muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The claimant sustained a cumulative trauma work injury beginning in September 1999 with date of injury in June 2015 and is being treated for neck, low back, bilateral shoulder, and right hand, left wrist, left hip, bilateral knee, and secondary depression and insomnia. Prior treatments had included 12 sessions of physical therapy and 15 acupuncture treatments. When seen, there was cervical spine tenderness with decreased and painful range of motion and positive foraminal testing. There was lumbar tenderness with muscle spasms and decreased range of motion with positive bilateral Kemp, left Patrick, and bilateral seated straight leg raise testing. There was decreased shoulder range of motion with crepitus and positive impingement testing. There was upper trapezius, latissimus dorsi, rhomboid muscle, sternoclavicular joint, and rotator cuff tenderness. There was bilateral wrist tenderness with decreased range of motion with crepitus and positive Tinel's, Phalen's, and Finkelstein is testing. There was bilateral thumb tenderness. She had decreased left hip range of motion; there was knee tenderness with decreased range of motion bilaterally with crepitus, and positive McMurray's testing. Authorization for 12 sessions of physical therapy and for muscle testing is being requested. Functional improvement measures are recommended. Characteristics should include 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 claimant's treating provider would be expected to be able to measure impairments of range of motion, endurance, and strength using conventional techniques and self-reported measures or observation of the claimant's response to treatments would not require specialized testing. The requested was not medically necessary.