

Case Number:	CM15-0175211		
Date Assigned:	09/16/2015	Date of Injury:	02/11/2015
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 31 year old female, who sustained an industrial injury on 02-11-2015. The injured worker was diagnosed as having rule out lumbar degenerative disc disease, developing chronic pain syndrome with both sleep and mood disorder. On medical records dated 08-05-2015, subjective complaints were noted as having left shoulder pain, and left hand pain. Physical exam findings were noted as walking with a slow guarded gait. Lumbar lordosis was noted as normal, and myofascial tenderness was noted to palpation of lumbar paraspinous muscles, straight leg raise was noted as the left. Hyperesthesia in the left lower extremity was noted in the L4-L5 dermatome. The injured worker was noted to be experiencing poor sleep and poor mood. The injured worker was noted to be working on modified duty. Treatment to date included home exercise program, medication and physical therapy to right shoulder and cervical spine. Current medication was listed as Diazepam, Etodolac, Fluconazole, Nitrofurantoin Monohydrate-Macocryystals and Phenazopyridine. The Utilization Review (UR) was dated 08- 21-2015. A Request for Authorization was dated 08-14-2015. The UR submitted for this medical review indicated that the request for physical therapy - 6 sessions for the lumbar spine and chronic pain psychology sessions x 6 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient is a 31 year old female janitor who had a slip and fall accident on 02/11/2015. The accident occurred at 8:30 AM and she was evaluated in the ER the same day at 2:22 PM. She fell on her left shoulder and left hand. There were no back symptoms. X-rays of the left shoulder and left wrist were negative. She had full range of motion of both wrist and shoulder. Her diagnosis on 02/11/2015 was left shoulder sprain and left wrist sprain. She was given a wrist splint. It wasn't until 02/26/2015 that she reported lumbar pain. She had 5 or 6 physical therapy visits in 03/2014 - starting on 03/04/2015. There was no swelling or atrophy. Neers sign was negative. Hawkins sign was negative. On 04/07/2015 she continued physical therapy and x-ray of her left clavicle was negative. Besides the 5 or 6 physical therapy visits in 03/2015, she had more physical therapy visits on 04/07, 04/09, 04/14, 04/16, 04/21, 04/23, 05/19, 05/21, 05/26, 06/04, 06/09 and 06/11. She had at least 17 or 18 physical therapy visits. There was a request for chronic pain psych evaluation at the same time as a request for further physical therapy and 6 visits of chronic pain psych visits. She remains on modified work. The 17 to 18 physical therapy visits she already had prior to the requested additional 6 visits already exceeds the maximum 9 to 10 visits for MTUS, Chronic Pain guidelines and is not medically necessary. This point in time relative to the injury should have transitioned her to a home exercise program and there is no documentation that at this point in time continued formal physical therapy is superior to a home exercise program.

Chronic pain psychology sessions x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition Chapter 18 Principles of Occupational and Environmental Medicine, 2011.

Decision rationale: The patient is a 31 year old female janitor who had a slip and fall accident on 02/11/2015. The accident occurred at 8:30 AM and she was evaluated in the ER the same day at 2:22 PM. She fell on her left shoulder and left hand. There were no back symptoms. X-rays of the left shoulder and left wrist were negative. She had full range of motion of both wrist and shoulder. She was given a wrist splint. It wasn't until 02/26/2015 that she reported lumbar pain. She had 5 or 6 physical therapy visits in 03/2014 - starting on 03/04/2015. There was no swelling or atrophy. Neers sign was negative. Hawkins sign was negative. On 04/07/2015, she continued physical therapy and x-ray of her left clavicle was negative. Besides the 5 or 6 physical therapy visits in 03/2015, she had more physical therapy visits on 04/07, 04/09, 04/14, 04/16, 04/21, 04/23, 05/19, 05/21, 05/26, 06/04, 06/09 and 06/11. She had at least 17 or 18 physical therapy

visits. There was a request for chronic pain psych evaluation at the same time as a request for further physical therapy and 6 visits of chronic pain psych visits. She remains on modified work. As noted in the previous review, the psychological evaluation has already been approved and evaluating that report would be needed to ascertain if any further chronic pain psychology visits were needed. There is no documentation that the patient has taken any psych medications in the office notes. There is no documentation of any psychiatric disorder except for the provider note of mood and sleep issues. Since the request for a psych specialist evaluation has been approved, it would be prudent to see the findings and recommendations of this specialist prior to ordering further follow up at this time. There are no MTUS, ACOEM or ODG recommendations in this area. Therefore this request is not medically necessary.