

Case Number:	CM15-0175785		
Date Assigned:	09/17/2015	Date of Injury:	10/22/2002
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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 59-year-old female with an industrial injury dated 10-22-2002. Review of medical records indicates she is being treated for right ulnar nerve transposition surgery on 01-23-2013, status post two level anterior cervical decompression and fusion with mild transition syndrome cervical 4-5, bilateral ulnar entrapment at the elbows, right more than left (by EMG-NCV studies), degenerative changes at the right hip, right lower extremity radicular pain-paresthesia, right hip musculoligamentous sprain-strain, rule out internal derangement, right foot musculoligamentous sprain-strain, early degenerative changes at the right hip and right acetabular bone contusion. She presents on 07-06-2015 with complaints of intermittent "moderate" neck pain, rated 4 out of 10 with radiation to the bilateral upper extremities, right greater than the left side. She also complained of intermittent "moderate" bilateral shoulder pain rated as 4 out of 10 with associated numbness and tingling sensation. She also reported intermittent "moderate" low back pain rated as 4 out of 10. Other complaints were anxiety and depression. She states she had been attending physical therapy treatment, two times a week "which has been helping improve her strength." Physical exam noted "limited" range of motion. "Spurling's test is positive bilaterally." Also documented was "mild" weakness and "mild" sensory deficit noted in bilateral upper extremities. Work status is documented as "currently temporarily partially disabled." "She requires a 15 minute break when needed, two to three times a day (from sitting and typing)." Physical therapy for the lumbar spine, right hip and bilateral upper extremities two times a week for 4 weeks was requested 05-04-2015. This was approved by UR on 06-01-2015. Prior treatment was anti-inflammatory medications, pain medications and

physical therapy. This request is for: Continue with physical therapy treatment, which includes core stabilization exercises for bilateral upper extremities and lumbar spine, 2 times a week for 4 weeks. On 08-11-2015 the request for: Continue with physical therapy treatment, which includes core stabilization exercises for bilateral upper extremities and lumbar spine, 2 times a week for 4 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue with physical therapy treatment, which includes core stabilization exercises for bilateral upper extremities & lumbar spine, 2 times a week for 4 weeks: 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 presents with neck pain radiating to the bilateral upper extremities, and low back pain that radiates to the right lower extremity. The request is for CONTINUE WITH PHYSICAL THERAPY TREATMENT, WHICH INCLUDES CORE STABILIZATION EXERCISES FOR BILATERAL UPPER EXTREMITIES & LUMBAR SPINE, 2 TIMES and A WEEK FOR 4 WEEKS. Patient is status post cervical spine surgery, date unspecified. Examination to the cervical spine on 05/04/15 revealed limited range of motion in all planes. Spurling's test was positive bilaterally. Examination to the lumbar spine revealed limited range of motion in all planes. Straight leg raising test was positive bilaterally. Per 07/06/15 Request For Authorization form, patient's diagnosis include status post right ulnar nerve transposition surgery on 01/23/2013; status post two-level anterior cervical decompression and fusion with mild transition syndrome, C4-C5; bilateral ulnar entrapment at the elbow, right more than left, by EMG/NCV studies; degenerative joint disease with myoligamentous sprain/strain of the lumbar spine at L4-L5 with retrolisthesis at L5-S1; early degenerative changes at the right hip; right lower extremity radicular pain/paresthesis; right hip musculo-ligamentous sprain/strain, rule out internal derangement; right foot musculoligamentous sprain/strain; early degenerative changes at the right hip; right acetabular bone contusion. Patient is temporarily totally disabled. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "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 progress report dated 05/04/15, the treater is recommending the patient to start physical therapy program for the lumbar spine, right hip and bilateral upper extremities at two times a week for four weeks. In progress report dated 12/30/13 and the subsequent reports, under treatment plan, it is stated that the patient will continue with physical therapy for the lumbar spine, right hip and bilateral upper extremities. It is not clear how many sessions of physical therapy the patient has completed to date. In this case, the treater has not documented the outcome benefits of the previous therapy the patient has had. Furthermore, the treater has not indicated why additional therapy is needed and why the patient cannot transition into a home based exercise program. Additionally, the guidelines recommend up to 10 sessions of therapy and the requested 8 sessions, in addition to unknown prior sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.

