

Case Number:	CM15-0090853		
Date Assigned:	05/15/2015	Date of Injury:	12/07/2007
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 34-year-old, female who sustained a work related injury on 12/7/07. In assisting a client into a sitting position, she pulled back to lift him and he did not lean forward. She tried to pull back again and felt immediate pain in her sternum. She developed shoulder, back, neck, both arms and both legs pain. The diagnoses have included diffuse musculoskeletal myofascial pain, cervical spine disc bulge, bilateral shoulder sprain/strain, lumbar sprain/strain and psychological issues. Treatments have included medications, rest, acupuncture, physical therapy, chiropractic treatments, cortisone injections in the shoulders and back, pain management treatment and ice therapy. In the PR-2 dated 4/6/15, the injured worker complains of persistent pain in cervical spine, lumbar spine, bilateral shoulder, right wrist and left knee, she rates her pain level a 9-10/10. She has pain that radiates from cervical spine into both arms. She also has pain that radiates from lumbar spine down into left leg. On physical examination, she has tenderness over cervical spine. She has tenderness to both shoulders. She has decreased range of motion in both shoulders. She has tenderness over lumbar spine. She has limited range of motion in lumbar spine. The treatment plan includes a request for authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks lumbar spine, cervical spine, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194, 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks, Sprains and strains of neck = 10 visits over 8 weeks. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the initial injury was in 2007. It is unclear from the records if previous physical therapy has been performed and what the results were but there is no recent PT. The current requested treatment is for 12 sessions, which is in excess of the recommended six-visit trial. As such, the request for Physical therapy 2 times per week for 6 weeks lumbar spine, cervical spine, bilateral shoulders is not medically necessary.