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| Case Number: | CM15-0092944 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 07/13/2009 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on 7/13/09. The injured worker was diagnosed as having cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel syndrome, bilateral elbow pain, left shoulder pain, osteoarthritis of left shoulder, left side shoulder bursitis, right carpal tunnel syndrome, shoulder pain and intractable periscapular pain. Treatment to date has included oral medications including opioids and NSAIDS, transdermal medications, physical therapy and home exercise program. (MRI) magnetic resonance imaging of left scapula performed on 11/17/14 noted no specific abnormality of left scapular region and probable mild arthrosis of glenohumeral joint; (MRI) magnetic resonance imaging of left shoulder performed on 10/16/14 revealed mild degenerative hypertrophic changes of the acromioclavicular joint without encroachment upon the underlying supraspinatus muscle or tendon. (EMG) Electromyogram/(NCS) Nerve Condition Velocity studies performed on 9/19/14 revealed active chronic right L5 radiculopathy and (MRI) magnetic resonance imaging of left upper extremity performed on 3/18/14 revealed low grade partial thickness intrasubstance delaminating tear of the infraspinatus tendon at the footprint on a background of tendinosis. (MRI) magnetic resonance imaging of cervical spine performed on 3/4/14 noted mild straightening of cervical lordosis, effacement of anterior thecal sac at C3-4, C4p5, C5-6 and C6-7, paracentral disc protrusion at C4-5 and otherwise unremarkable. Currently, the injured worker complains of neck pain radiating down bilateral upper extremities, low back pain with radiation down bilateral lower extremities and upper extremity pain in left shoulder and right hand, she also complains of pain in back of head. Pain is rated 4/10 with medications and 8/10 without medications and has worsened since previous visit. Physical exam noted tenderness upon palpation of bilateral paravertebral C4-7 area with myofascial trigger points in left rhomboids muscles and restricted range of motion; exam of lumbar spine noted

tenderness on palpation in bilateral paravertebral area L4-S1 with myofascial trigger points in paraspinal muscles bilaterally and moderately limited range of motion; upper extremity exam noted tenderness on palpation at left posterior shoulder, bilateral elbows and right wrist and hand with restricted range of motion of left shoulder and tenderness was noted on palpation at right ankle with mild swelling. The treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy 2x4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant was prescribed home exercises along with physical therapy. There was no justification for the 8 sessions requested. Consequently, the 8 sessions of physical therapy sessions are not medically necessary.