MAXIMUS Federal Services

Case Number:	CM14-0137225		
Date Assigned:	09/05/2014	Date of Injury:	07/20/2012
Decision Date:	12/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 54-year-old woman with a date of injury of July 20, 2012. The mechanism of injury was not documented in the medical record. The IW has a history of prior left carpal tunnel release and right lateral epicondylar release on February 16, 2012. Pursuant to the progress note dated July 9, 2014, the IW complains of continued pain in her neck and lower back that radiates to the upper and lower extremities with numbness and weakness. She also has mild spasms. She states that there is pain in multiple joints including her shoulders, elbows, wrists, and fingers. She has difficult with her daily activities including lifting, pushing and pulling objects as well as repetitive hand motions and overhead activities. Objective physical findings revealed spasms, tenderness, and guarding noted in the paravertebral muscles of the lumbar and cervical spine as well as the thoracic spine. She has decreased range of motion with flexion and extension. She has weakness with toe and heel walking bilaterally, graded 4/5. Positive impingement and Hawkins signs are noted in the bilateral shoulder with spasms in the bilateral trapezius muscles. The IW was diagnosed with lumbosacral radiculopathy, thoracic strain/sprain, cervical radiculopathy, shoulder tendinitis/bursitis, elbow tendinitis/bursitis, wrist tendinitis/bursitis, and carpal tunnel syndrome. Current medications were not documented. The treatment plan includes: Trial of Gabapentin, and an anti-gastric medication. The provider is recommending 12 additional sessions of physiotherapy for the cervical spine, lumbar spine, and bilateral upper and lower extremities. There is a physical therapy (PT) discharge note in the medical record dated March 20, 2013, which indicated that the IW completed 12/12 PT sessions. There is an additional progress note dated January 15, 2014, the IW states that she was provided with 12 sessions of physical therapy previously, which helped reduce her pain, and increased her functional capacity. It is unclear if the IW is referring to the PT that she completed March 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Physiotherapy 3 times a week for 4 weeks for the Lumbar Spine, Thoracic Spine, Cervical Spine, and Left and Right Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physiotherapy three times a week for four weeks the lumbar spine, thoracic spine, cervical spine and left and right arm is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if patients are moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home physical therapy. In this case, the injured worker is 54 years old. He reports ongoing neck and low back pain that radiates to the upper and lower extremities. He entered worker received 12 prior sessions of physical therapy which did help to reduce pain, increase functional capacity and facilitate activities of daily living. The injured worker has persistent complaints for greater than one year. There has been no physical therapy in 2014. The guidelines recommend a formal assessment after his sixth visit clinical trial to see if the injured worker is moving in a positive direction, no direction or negative direction. This is done prior to continuing physical therapy. The requested 12 sessions of physical therapy (three times a week for four weeks to the lumbar spine, thoracic spine, cervical spine and left and right arm) exceeds the recommendations according to the ODG for this event. Consequently, physical therapy three times a week for four weeks for the lumbar spine, thoracic spine, cervical spine and left and right arm is not medically necessary.