

Case Number:	CM14-0142836		
Date Assigned:	09/10/2014	Date of Injury:	09/21/2011
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation 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:

This female administrative assistant sustained an injury on 9/21/11 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 1-2 times a week for 6 weeks. Diagnoses include Cervical radiculitis/ disc protrusion; history of s/p elbow debridement surgery. AME re-eval of 5/23/14 noted patient with continued neck, shoulder, elbow, wrist, and low back pain rated at 5/10 with radiating to legs and arms with numbness and tingling. Diagnoses include cervical spine pain with disc bulging; shoulder impingement syndrome; persistent ulnar neuropathy/ lateral epicondylitis; and chronic low back pain. The patient was noted to be P&S with future medical of PT for exacerbation, medications, without any surgical indication. Report of 7/25/14 from the provider noted the patient with ongoing chronic neck pain radiating down right arm with spasm and associated numbness and tingling in the hands with difficulty performing ADLs. Medications list Norco, Ibuprofen, Voltaren gel, Pennsaid, Cyclobenzaprine, Cymbalta, Lexapro, cholesterol med, and Mirapex HS. Exam showed cervical spine with palpable myofascial spasm; limited neck range with 20 degrees rotation; 4+/5 grip strength bilaterally; diffuse decreased sensation in both hands; DTR of 2/4. Previous request for therapy was denied on 4/2/9/14 per peer review stating no record of functional gains from prior therapy. The request(s) for Physical Therapy 1-2 times a week for 6 weeks was modified for 6 visits on 8/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This female administrative assistant sustained an injury on 9/21/11 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 1-2 times a week for 6 weeks. Diagnoses include Cervical radiculitis/ disc protrusion; history of s/p elbow debridement surgery. AME re-eval of 5/23/14 noted patient with continued neck, shoulder, elbow, wrist, and low back pain rated at 5/10 with radiating to legs and arms with numbness and tingling. Diagnoses include cervical spine pain with disc bulging; shoulder impingement syndrome; persistent ulnar neuropathy/ lateral epicondylitis; and chronic low back pain. The patient was noted to be P&S with future medical of PT for exacerbation, medications, without any surgical indication. Report of 7/25/14 from the provider noted the patient with ongoing chronic neck pain radiating down right arm with spasm and associated numbness and tingling in the hands with difficulty performing ADLs. Medications list Norco, Ibuprofen, Voltaren gel, Pennsaid, Cyclobenzaprine, Cymbalta, Lexapro, cholesterol med, and Mirapex HS. Exam showed cervical spine with palpable myofascial spasm; limited neck range with 20 degrees rotation; 4+/5 grip strength bilaterally; diffuse decreased sensation in both hands; DTR of 2/4. Previous request for therapy was denied on 4/2/9/14 per peer review stating no record of functional gains from prior therapy. The request(s) for Physical Therapy 1-2 times a week for 6 weeks was modified for 6 visits on 8/7/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions with recent 6 visits without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury deemed P&S by AME on 5/23/14. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 1-2 times a week for 6 weeks are not medically necessary and appropriate.