

Case Number:	CM13-0024284		
Date Assigned:	11/20/2013	Date of Injury:	06/12/2008
Decision Date:	01/28/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 patient is a 42-year-old female who reported a work-related injury on 06/12/2008. The mechanism of injury was noted as repetitive movements. The patient experienced pain in her neck, shoulders, upper back, lower back, and hands. She has undergone diagnostic testing, physical therapy, psychiatric treatments, and injections. The patient hired a personal trainer which helped with her neck and lower back pain and has completed over 36 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right shoulder and low back QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back: ODG Physical Therapy Guidelines.

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

Decision rationale: Recent clinical documentation submitted for review stated the employee complained of persistent symptoms to include pain in both shoulders, especially on the right side. It was noted the employee would start physical therapy for her shoulders soon. The employee

had completed physical therapy for the left knee with some improvement and continued to have pain in the lower back that radiated to the right leg. Physical exam revealed tenderness to paravertebral muscles of the lumbar spine with a spasm. Range of motion was restricted and positive straight leg raising was noted bilaterally. There was tenderness to palpation noted to joint lines to bilateral knees with positive McMurray's bilaterally. The impression was noted as lumbar radiculopathy, greater trochanteric bursitis, and bilateral knee internal derangement. The employee has been noted to have more than 36 physical therapy sessions. It is unclear per submitted documentation how many physical therapy visits the employee has had for the right shoulder and low back since the date of injury. There were no physical exam findings of the employee's shoulders that noted significant functional deficits to warrant formal physical therapy visits for the shoulder and low back. There was no evidence given that the employee would not be able to minimize the remaining deficits in a home exercise program. The MTUS guidelines recommend 9 to 10 physical therapy visits over 8 weeks and indicate to allow for fading of treatment frequency plus an active self-directed home physical therapy program. The employee has received more physical therapy sessions than recommended by California Medical Treatment Guidelines. As such, the request for Physical Therapy right shoulder and low back QTY: 12.00 is non-certified.