

Case Number:	CM14-0004486		
Date Assigned:	02/05/2014	Date of Injury:	09/15/2006
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 51-year-old female presenting with chronic pain following a work-related injury on September 15, 2006. The claimant complains of neck pain radiating to the right upper extremity, the pain is associated with numbness and tingling. The claimant also complains of right shoulder pain and left shoulder pain. Additionally the claimant complains of low back pain and bilateral lower extremity pain. On October 22, 2013 the physical exam was significant for diffuse palpable tenderness throughout the cervical spine, palpable tenderness at the anterior aspect of the bilateral shoulders, reproducible pain at the bilateral shoulder with overhead motion, palpable tenderness at the dorsum of the right wrist, diffuse palpable tenderness throughout the lumbosacral spine, palpable tenderness of the patellofemoral joint of the right knee, discomfort with patellar pressure of the right knee, diffuse palpable tenderness throughout the right ankle, minimal palpable tenderness of the left ankle. The claimant had multiple x-rays with multiple findings. The claimant was diagnosed with right shoulder tendinitis, and lumbosacral discogenic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)

Decision rationale: Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records does not document prior reponse to physical therapy. There is lack of documentation that the claimant will or has participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the request for Post op Physical Therapy for the Lumbar Spine is not medically necessary and appropriate.