

Case Number:	CM14-0042674		
Date Assigned:	06/30/2014	Date of Injury:	10/18/2007
Decision Date:	08/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 73-year-old female with a date of injury of 10/18/07. The listed diagnoses per [REDACTED] are knee internal derangement, knee sprain/strain, shoulder internal derangement, shoulder rotator cuff syndrome, shoulder sprain/strain, lumbar disc displacement with radiculopathy, lumbar radiculopathy, cervical disk displacement, cervical radiculopathy, cervical spine sprain/strain, and insomnia. According to the progress report dated 3/18/14 by [REDACTED], the patient presents with right knee, bilateral shoulder, low back, and neck pain. The patient also complains of insomnia and loss of sleep due to pain. Examination of the lumbar spine revealed tenderness and myospasm palpable over bilateral paralumbar muscles. Straight leg raise test is positive bilaterally. There is a decreased range of motion on all planes due to end-range back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar 2 times 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Low Back Section; PT.

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

Decision rationale: For physical medicine, the MTUS Chronic Pain Medical Treatment Guidelines recommend 9 to 10 physical therapy sessions over 8 weeks for myalgia/myositis. In this case, it is likely the patient has trialed physical therapy given the patient's chronicity of injury. The medical file provided for review does not provide any physical therapy progress reports and there is no treatment history indicated. In this case, given the patient's continued complaints of pain and no documentation of recent formal therapy, a course of 8 sessions may be warranted. As such, the request is medically necessary.