MAXIMUS Federal Services

Case Number:	CM13-0031187		
Date Assigned:	12/13/2013	Date of Injury:	09/14/2012
Decision Date:	03/10/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 41 year old female who sustained a work-related injury on 09/14/2012. Diagnoses included lumbosacral strain, lumbar pain, facet syndrome of lumbar disc degeneration, shoulder tenosynovitis and shoulder pain persisting despite conservative treatment. Past treatments include physical therapy (15 visits), electrical stimulation, acupuncture and medications. X-ray of the right shoulder from 4/19/2013 was unremarkable. X-ray of the lumbar spine from 4/19/2013 showed decreased range of motion on flexion and extension which may reflect an element of myospasm. Per the note from the final physical therapy visit dated 1/3/2013, the injured worker was overall not progressing. The injured worker rated her pain as 7/10 in her back and 8/10 in her shoulder. Per the PR2 from 8/13/2013, the injured worker complained of right shoulder pain and constant lumbar spine pain with numbness and tingling radiating into legs. The injured worker reported that therapy helped and that repetitive hand motions caused pain. The physician treatment plan was for topical creams, physical therapy, acupuncture and toxicology. There was no Request for Authorization Form submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x6wks lumbar spine, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Shoulder

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has participated in a previous course of physical therapy for the lumbar spine and the right shoulder. There was no documentation of significant functional improvement. Additionally, there was no evidence of a significant functional deficit upon examination on 08/13/2013. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.