

Case Number:	CM14-0140644		
Date Assigned:	09/10/2014	Date of Injury:	05/16/2014
Decision Date:	04/20/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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. 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: Massachusetts

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 (IW) is a 27 year old female who sustained an industrial injury on 05/16/2014. She reported left shoulder sprain and lumbar sprain with radiation of the pain to the left buttock. The injured worker was diagnosed as having left shoulder sprain and lumbar sprain. Treatment to date has included oral narcotic pain medications. Currently, the injured worker complains of left subscapular and left buttock pain. According to the Emergency Room report dated 07/08/2014, the worker has no evidence for radiculopathy or cauda equine syndrome, the primary impression is chronic sciatica of the left side and muscle strain of the left scapular region. The quantity of hydrocodone intake and request for narcotics was documented as "concerning". According to the primary treating physician's progress report of 06/04/2014 the notes indicate that this was still a concern, and the treatment plan was for referral to a pain specialist and to have her start physical therapy once approved with follow up in one week sooner with the pain specialist if approved. A Request for Authorization for Physical Therapy 3 times a week for 3 weeks for the left shoulder/lower back is under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 3 weeks for the left shoulder/lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic shoulder and low back pain with diagnoses of left shoulder and lumbar sprains. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.