MAXIMUS Federal Services

Case Number:	CM14-0197137		
Date Assigned:	12/05/2014	Date of Injury:	09/17/2013
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 09/17/13 when, while working as a housekeeper and walking out of a restroom, she nearly fell. She had low back pain. The next month, in October 2013 she had left shoulder and arm pain. Treatments included a shoulder injections and physical therapy. There are physical therapy progress notes. The claimant was evaluated on 09/19/13. She had not had previous therapy treatments. There are six treatments documented through 10/04/13. She was evaluated again for therapy on 04/13/14 for her shoulder. Through 05/14/14 she had attended all seven planned treatment sessions.She was seen on 09/17/14. She was having constant left shoulder pain traveling to her neck and arm. Pain was rated at 9/10. She was having occasional low back pain radiating into her left leg rated at 5/10. She was having difficulty sleeping due to pain. Physical examination findings included cervical spine tenderness with muscle spasm. There was positive cervical compression testing. She had decreased cervical spine range of motion. There was decreased lumbar spine range of motion with positive straight leg raising. She had decreased left shoulder range of motion with tenderness. Authorization for additional testing was requested. Physical therapy three times per week for four weeks for the left shoulder and lumbar spine was requested. Gabapentin 300 mg #90, tramadol 50 mg #60, and Tizanidine 4 mg #90 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic shoulder and low back pain. Treated have included two courses of physical therapy addressing both problems.In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program. Therefore additional physical therapy was not medically necessary.