

Case Number:	CM15-0001768		
Date Assigned:	01/12/2015	Date of Injury:	03/10/2003
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 03/10/2003. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with non-displaced fracture of the lateral aspect of the humeral head of the right shoulder as evidenced on magnetic resonance imaging, right shoulder impingement syndrome with partial rotator cuff tear, status post removal of lumbar spinal hardware, status post lumbar three to sacral one posterior lumbar interbody fusion, and status post left knee arthroscopic surgery with evidenced of arthrosis. Treatment to date has included an oral medication regimen and above the listed surgical procedures. Documentation also notes a request for a lumbar epidural. Currently, the injured worker complains of sharp, stabbing, burning, and constant pain that radiates to the right leg. The injured worker also has complaints of weakness and paresthesia. The documentation provided did not contain the current requested treatment for additional physical therapy along with the reason for the requested additional physical therapy. On 12/09/2014 Utilization Review non-certified a prescription for additional physical therapy twice weekly for an additional six to eight weeks, noting the ACOEM Guidelines, Chapter 13; Official Disability Guidelines , Physical Therapy Guidelines; and California MTUS, Postsurgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy twice weekly for an additional 6-8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with pain affecting the low back with radiation down right lower extremity. The current request is for Additional Physical therapy twice weekly for an additional 6-8 weeks. The requesting treating physician report was not found in the documents provided. MTUS pages 98 99 states the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines goes on to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Reports provided show the patient has received an unknown number of physical therapy visits previously, and the treating physician is asking for 12-16 more. In this case, the current request for 12-16 visits exceeds the 9-10 visits recommended by the MTUS guidelines. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.