

Case Number:	CM15-0007149		
Date Assigned:	01/22/2015	Date of Injury:	10/06/2014
Decision Date:	04/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 37 year old male with an industrial injury dated 10/06/2014 while slipping while on a ladder and hitting head. His diagnoses include neck strain/sprain, shoulder/upper arm strain/sprain, contusion to the right leg, back strain/sprain unspecified, and multiple injuries from fall. Recent diagnostic testing has included x-rays of the left ankle (10/06/2014) which was unremarkable, and CT scan of the head (10/06/2014) which was unremarkable. He has been treated with physical therapy, and medications. In a progress note dated 12/01/2014, the treating physician reports moderate pain in the thoracic spine (6/10) and left shoulder pain. The objective examination revealed painful range of motion in the cervical spine with tenderness to palpation extending down into the trapezius, painful range of motion to the left shoulder with mild pain over the posterior left shoulder supraspinatus area, positive cuff test, and painful range of motion throughout the back. The treating physician is requesting 6 physical therapy sessions which was denied by the utilization review. On 12/15/2014, Utilization Review non-certified a request for physical therapy 3 times per week for 2 weeks for the neck, shoulder and leg, noting the lack of additional objective information. The ACOEM and ODG Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of physical therapy 3 times per week for 2 weeks for the neck, shoulder and leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 2Wks Neck, Shoulder, Leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/14), and Shoulder (updated 10/13/14), and Knee & Leg (updated 10/27/14), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, 99 of 127.

Decision rationale: The California MTUS guidelines recommends 9 - 10 visits of physical therapy for the injured employees neck, shoulder, and leg symptoms. The most recent progress note dated December 9, 2014 indicates that the injured employee has previously participated in nine sessions of physical therapy for the neck, shoulder, and leg with positive improvement. There has also been instruction on a home exercise program. Considering the progress made and previous home exercise instruction, and no documentation of specific needs for formal supervised PT to continue, this request for an additional six visits of physical therapy is not medically necessary.