

Case Number:	CM15-0009054		
Date Assigned:	01/27/2015	Date of Injury:	09/03/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: Pennsylvania, Ohio, California
 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 38-year-old female, with a reported date of injury of 09/03/2012. The diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, chronic right shoulder sprain/strain, right hip muscle irritation, rotator cuff tendonitis, and pain disorder. Treatments have included home exercises, oral pain medications, and HELP program. The progress report dated 12/16/2014 indicates that the injured worker had pain in her shoulders and low back. The physical examination showed sit to stand and gait were within normal limits. The treating physician requested six (6) physical therapy sessions for the sacroiliac joint and piriformis muscle, as well as right shoulder, thoracic spine, and scapular manual therapy. On 01/07/2015, Utilization Review (UR) denied the request for six (6) physical therapy sessions, noting that there is no documentation that the injured worker had objective and functional improvement with the prior treatment, limited evidence of re-injury, recent exacerbation, or significant progression of the symptoms to justify the request. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 and 99.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99 recommends transition to independent active home rehabilitation on an ongoing or long-term basis. The treatment guidelines anticipate that this patient would have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale instead for additional supervised rather than independent rehabilitation. Overall this request is not medically necessary.