

Case Number:	CM15-0101900		
Date Assigned:	06/04/2015	Date of Injury:	04/28/1998
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 4/28/1998. The current diagnoses are rotator cuff syndrome, sciatic neuralgia, and tendonitis. According to the progress report dated 4/28/2015, the injured worker complains of neck, low back, bilateral shoulder, and left wrist pain. The level of pain is not rated. The physical examination of the right shoulder reveals diminished range of motion due to pain, tenderness over the subacromial space, positive cross-arm test, positive impingement sign, and positive Hawkin's sign. The current medications are Tramadol, Flexeril, and Norco. Treatment to date has included medication management, MRI studies, and physical therapy. The plan of care includes 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has recently participated in 10 sessions of physical therapy with no documentation of functional improvements. The request for Physical Therapy, twice a week for four weeks is not medically necessary.