MAXIMUS Federal Services

Case Number:	CM15-0137322		
Date Assigned:	07/27/2015	Date of Injury:	08/31/2013
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old male who sustained an industrial injury on 8/31/13 from a fall resulting in neck pain. He was hospitalized for five days but did not recall what happened during this time. In 2014 he suffered a heart attack. He currently complains of constant neck pain with a pain level of 6-7/10; low back pain with no improvement (5/10); right and left shoulder pain (3-7/10); right and left wrist/ hand pain (0-5/10); intermittent rib pain; right and left hip pain (6-8/10); right and left knee pain (4-7/10); right and left foot/ ankle pain (1-6/10). The pain significantly impacts his ability to function. He had muscle weakness due to deconditioning because of chronic pain. He was less stable. Industrial medications were Soma, Prilosec. Diagnoses include chronic neck pain; chronic low back pain. Treatments to date include physical therapy; pain management; medications. The physical therapy report dated 6/12/15 notes toleration of treatments with reduced pain post treatments. He has had 57 treatments. On 6/17/15 Utilization Review evaluated a request for additional physical therapy treatments to the left shoulder, cervical and lumbar spine for 12 to 24 sessions, 2-3 times a week for 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy treatment to the left shoulder, cervical and lumbar spine for 12 to 24 sessions, 2-3 times a week for 6-8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.