

Case Number:	CM15-0141817		
Date Assigned:	07/31/2015	Date of Injury:	03/07/2013
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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 60 year old female who sustained an industrial slip and fall injury on 03/07/2013. The injured worker was diagnosed with lumbar degenerative disc disease, right shoulder impingement and rotator cuff tendinosis. No surgical interventions were documented. Treatment to date has included diagnostic testing with most recent right shoulder magnetic resonance imaging (MRI) in October 2014, physical therapy (undetermined number of sessions and body part disclosed) and medications. According to the primary treating physician's progress report on June 19, 2015, the injured worker continues to experience right shoulder pain, worse at night and low back pain radiating to the bilateral lower extremities. Examination of the lumbar spine demonstrated decreased range of motion with tenderness to palpation and spasm. Positive straight leg raise was noted. The medical record was difficult to decipher. Current medications are listed as Tramadol and Prilosec. Treatment plan consists of continuing medications, physical therapy for the right shoulder, modified work restrictions and the current request for physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back - Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: MTUS 2009 recommends up to 10 sessions of PT to treat myalgias. The patient's injury occurred in 2013 and the number of therapy sessions appears to have exceeded MTUS 2009 guidelines. There are no specific goals for therapy outlined in the medical records nor any specific deficits that need to be addressed with PT. This request for additional PT is not supported by MTUS 2009 guidelines and is not medically necessary.